

### Orthodontic Referral Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

#### Orthodontic Concerns:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crowding      | <input type="checkbox"/> Spacing        | <input type="checkbox"/> Crossbite       |
| <input type="checkbox"/> Class II      | <input type="checkbox"/> Class III      | <input type="checkbox"/> Overjet         |
| <input type="checkbox"/> Deep Bite     | <input type="checkbox"/> Open Bite      | <input type="checkbox"/> Oral Habits     |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Pre-Prosthetics |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Referring Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dentist phone # \_\_\_\_\_

- Patient is ready for orthodontic treatment \_\_\_\_\_
- Patient needs additional dental work \_\_\_\_\_

**505-436-2727**

3903 Beckland Dr.  
Farmington, NM

Located across from Sam's Club

