



VILLAGE
ORTHODONTICS
850 County Road D West
New Brighton, MN 55112
612.788.9666



MINNEAPOLIS
ORTHODONTICS
Fifth Street Towers-Downtown Minneapolis
100 South 5th Street, Suite 410
Minneapolis, MN 55402
612.889.7003

ORTHODONTIC EXAMINATION

Date: _____

Introducing: _____

Referred by: _____

Please Schedule **Complimentary Initial Examination**

Orthodontic Concerns

- | | |
|---|---|
| <input type="checkbox"/> Crowding _____ | <input type="checkbox"/> Impaction of _____ |
| <input type="checkbox"/> Overbite _____ | <input type="checkbox"/> Facial Asymmetry _____ |
| <input type="checkbox"/> Overjet _____ | <input type="checkbox"/> TMJ _____ |
| <input type="checkbox"/> Crossbite of _____ | <input type="checkbox"/> Bruxism _____ |

Comments _____

X-rays available

- | | |
|---|---|
| <input type="checkbox"/> Full Mouth | <input type="checkbox"/> Panoramic |
| <input type="checkbox"/> Please Request | <input type="checkbox"/> Mailed/E-mailed |
| <input type="checkbox"/> With Patient | <input type="checkbox"/> Date of X-ray: _____ |
| <input type="checkbox"/> _____ | |

A report will follow examination

- Send additional referral slips Please call me after examination

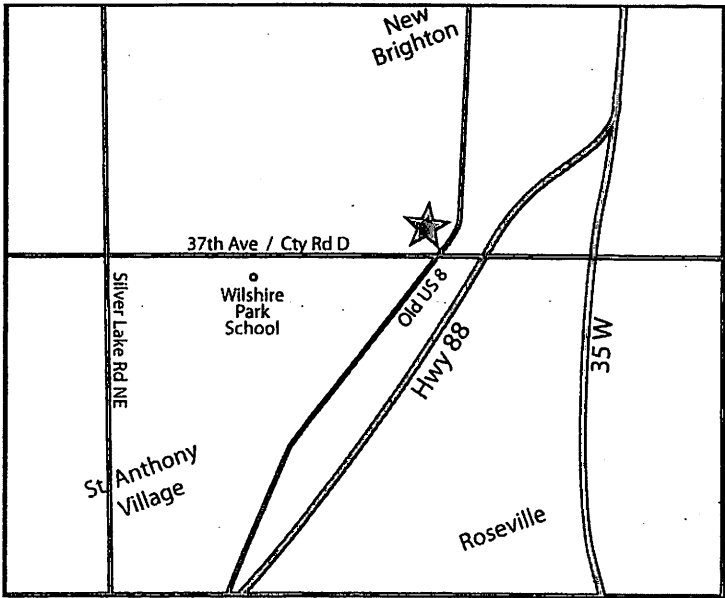


Member
American
Association of
Orthodontists

E-mail: info@discoverbraces.com
www.discoverbraces.com

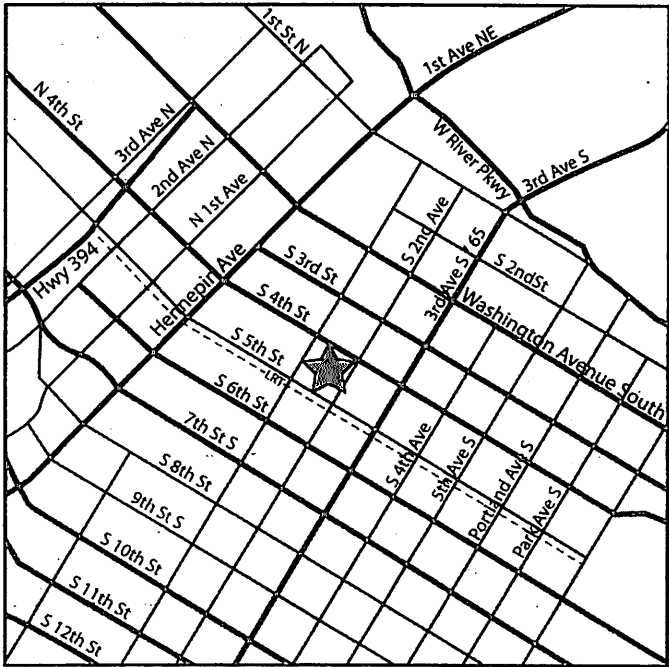


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AMERICAN BOARD
OF ORTHODONTICS



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