



**TODD HARMON
ORTHODONTICS**

Simply. Spectacular Smiles

2205 Williams Trace Blvd., Ste. #103 Sugar Land, TX 77478

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www.toddharmorthodontics.com

DATE: _____

DOCTOR INFORMATION

REFERRING DOCTOR'S NAME:

PRACTICE NAME:

DOCTOR'S OFFICE PHONE:

DOCTOR'S E-MAIL ADDRESS:

PATIENT INFORMATION

PATIENT'S NAME: _____

MALE

FEMALE

D.O.B.: _____

PATIENT'S PHONE: _____

OFFICE

CELL

OTHER

WHAT ARE YOUR SPECIFIC CONCERNS REGARDING THIS PATIENT? PLEASE CHECK ALL THAT APPLY.

CLASS II

EXCESSIVE OVERJET

OTHER: _____

CLASS III

CROWDING

DEEP BITE

TMD

OPEN BITE

IMPACTED TEETH

CROSS BITE

MISSING TEETH

ANY ADDITIONAL DENTAL PROBLEMS? PLEASE CHECK ALL THAT APPLY.

ORAL SURGERY

PERIODONTAL

ENDODONTIC

IMPLANTS

ARE ANY OF THE FOLLOWING RADIOGRAPHS AVAILABLE TO BE SENT? PLEASE CHECK ALL THAT APPLY.

PERIAPICALS

PANORAMIC

BITE WING

FULL MOUTH

IN TERMS OF ORAL HYGIENE AND/OR PERIODONTAL HEALTH, IS THE PATIENT CLEARED TO PROCEED WITH ORTHODONTIC TREATMENT?

YES

NO

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU WANT US TO KNOW.

"CREATING SPECTACULAR SMILES AT AN AFFORDABLE PRICE WITH CUSTOMER SERVICE THAT IS SECOND TO NONE"