



**TODD HARMON
ORTHODONTICS**

Simply. Spectacular Smiles

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

Tel: 281-313-2424 Fax: 281-313-2425

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.

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> CLASS II | <input type="checkbox"/> EXCESSIVE OVERJET | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> CLASS III | <input type="checkbox"/> CROWDING | _____ |
| <input type="checkbox"/> DEEP BITE | <input type="checkbox"/> TMD | _____ |
| <input type="checkbox"/> OPEN BITE | <input type="checkbox"/> IMPACTED TEETH | _____ |
| <input type="checkbox"/> CROSS BITE | <input type="checkbox"/> 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"