



NEVINS DENTAL CENTER

Implant & Esthetic Dentistry

ORTHODONTICS

BEN SMITH, DMD, ScM, MMSc

Board Certified Orthodontist

Date _____

Patient's Name _____

Patient's Phone _____

Referred by Dr. _____

Dr.'s Phone _____

Dr.'s Email _____

RESTORATIVE TREATMENT:

- Completed In progress
- Pending outcome of orthodontic findings
- Recent full mouth/panoramic radiographs are available

Notes: _____

- General Orthodontic Evaluation
- Adjunctive Orthodontics
- Clear Braces
- Dentofacial Orthopedics
- Early Interceptive Treatment
- Facial Growth Anomaly
- Habit Correction Treatment
- Impacted Teeth
- Invisalign
- Orthognathic Surgical Evaluation
- Pre-Prosthetic/Implant Site Development
- Temporomandibular Disorder
- Other: _____

PATIENT'S CONCERNS:

- Crossbite/Functional Shift
- Crowding
- Growth/Skeletal Imbalance
- Minor Tooth Movement
- Missing Teeth
- Openbite
- Oral Habit/Tongue Thrust
- Overbite
- Overjet
- Pre-Prosthetic Alignment
- Space Maintenance
- Spacing
- Speech Disorder
- Other: _____

