



The Orthodontic Centre
At Northland

Today's Date :
Introducing :
Patient's Telephone :
Referring Doctor :
Phone Number :

Patient has been referred for the following:

- General Orthodontic Evaluation
- Temporomandibular Disorder/Orofacial pain
- Habit Correction Treatment
- Adjunctive Orthodontics
- Facial Growth Disorder
- Early Interceptive Treatment
- Restorative/Prosthetic Concerns
- Facial Aesthetics
- Dentofacial Orthopedics
- Orthognathic Surgical Evaluation
- Minor Tooth

Patient Concerns:

- | | |
|--|--|
| <input type="checkbox"/> Dental Crowding | <input type="checkbox"/> Dental Spacing |
| <input type="checkbox"/> Open Bite | <input type="checkbox"/> Crossbite |
| <input type="checkbox"/> Speech Disorder | <input type="checkbox"/> Ectopic Eruption |
| <input type="checkbox"/> Prosthetic Considerations | <input type="checkbox"/> Overbite |
| <input type="checkbox"/> Overjet | <input type="checkbox"/> Thumb/Finger Habit |
| <input type="checkbox"/> Facial Aesthetics | <input type="checkbox"/> Invisalign Treatment |
| <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Dentofacial Imbalance |
| <input type="checkbox"/> Restorative Conditions | <input type="checkbox"/> Missing teeth |

Radiographs:

Please take:

- Panoramic X-ray
- Cephalometric X-ray
- CBCT

- X-rays have been given to the patient
- Call before taking X-rays
- X-rays have been mailed to your office
- Please return X-rays to our office

Special Instructions:
