PITT MEADOWS | ORTHODONTICS

Pitt Meadows Orthodontics

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First & Last Name : _____

Age / Date of Birth : _____

Phone : (H) _____ (C) _____

Referred by: _____

Concerns:

- ☐ Crowding
- ☐ Spacing
- ☐ Excessive Overjet
- ☐ Deep Overbite
- ☐ Openbite
- ☐ Crossbite
- ☐ Habit
- ☐ Class II
- ☐ Class III
- ☐ Missing Tooth
- ☐ Excessive Tooth
- ☐ Eruption Concern
- ☐ TMJ Problem
- ☐ Facial Asymmetry

Radiographs Available:

Panorex ☐ Lateral Ceph ☐

Periapical ☐ BW ☐

PLEASE HAVE PATIENT BRING ANY X-RAYS TO APPT.

Dentist : _____ **Phone:** _____

Date : _____