CORRIDOR FAMILY ORTHODONTICS

Date: _____

Introducing: Name: _____

Address: _____

_____

Phone: _____

Chief Concerns:

_____ Crowded Teeth

_____ Spaced Teeth

_____ Missing Teeth

_____ Protrusive Teeth and/or Jaw

_____ Retrusive Teeth and/or Jaw

_____ Crossbite

_____ Right _____ Left

_____ Deep Overbite

_____ Open Bite

_____ Facial Growth Problems

_____ TMJ Dysfunction

_____ Tooth Alignment for Crown/Bridge or Implant

_____Anterior _____Oral Habits

_____ Other _____

_____

Notes:

We will be sending the following: _____ Full Mouth X-rays

_____ Panorex

From: _____

_____

1738 Lininger Lane, Suite A
North Liberty, IA 52317
319.252.1435

CorridorFamilyOrtho.com