

Biodata

First Name : _____ Last Name : _____

Gender : Male Female

Date of Birth : ____ (mm) / ____ (dd) / ____ (yyyy)

Address : _____ (Street) _____ (Unit)
 _____ (City) _____ - _____ (Zip)
 (____) - _____ (Work Phone) (____) - _____ (Ho Phone)

Responsible Party

Parents Legal Guardian Other, please specify _____

Address

Tick if same as above

Other : _____ (Street) _____ (Unit)
 _____ (City) _____ - _____ (Zip)
 (____) - _____ (Work Phone) (____) - _____ (Ho Phone)

Referral Dentist

Name : _____

Address : _____ (Street) _____ (Unit)
 _____ (City) _____ - _____ (Zip)
 (____) - _____ (Work Phone) (____) - _____ (Ho Phone)

Screening Info

Malocclusion classification : Class I Class II Class III
 Class II Div 1
 Class II Div 2

Oral hygiene : Poor Average Good

Dentition : Early Early Mixed Late Mixed Adult

Overjet : _____ mm _____ %

Overbite : _____ mm

Crossbite : Anterior Posterior
 Unilateral Bilateral

Crowding upper : _____ mm

Crowding lower : _____ mm

Other significant findings : _____

Treatment recommended ? : Yes Observe No
 Extraction
 Non Extraction
 Both
 Surgery