

WELCOME NEW PATIENT

Our office welcomes you to your initial orthodontic evaluation. This appointment is complimentary and will involve a clinical exam targeted toward understanding your orthodontic needs and determining your diagnosis and treatment options.

PATIENT INFORMATION:

Introducing: _____ Age: _____

PANOREX: Patient will bring: _____ Office will mail: _____ Date: _____

AREAS OF CONCERN:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> CROWDING | <input type="checkbox"/> OPEN BITE | <input type="checkbox"/> IMPACTED TEETH |
| <input type="checkbox"/> SPACING | <input type="checkbox"/> CROSSBITE | <input type="checkbox"/> DELAYED ERUPTION |
| <input type="checkbox"/> OVERJET | <input type="checkbox"/> MISSING TEETH | <input type="checkbox"/> CLASS 11 |
| <input type="checkbox"/> DEEP BITE | <input type="checkbox"/> EXTRA TEETH | <input type="checkbox"/> CLASS 111 |
| <input type="checkbox"/> OTHER _____ | | |

COMMENTS:

☐ Please call me prior to starting treatment Date: _____

Referring Doctor: _____ Phone: _____

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Please call with any questions and to set up your appointment. We look forward to your visit!

EDEN PRAIRIE	SHAKOPEE	NEW PRAGUE	CHASKA
(952) 829-0686	(952) 445-7700	(952) 758-6999	(952) 361-5550
8200 Commonwealth Dr.	1335 10th Ave. East	101 Central Ave. N	1475 White Oak Dr.
Eden Prairie, MN 55344	Shakopee, MN 55379	New Prague, MN 56071	Chaska, MN 55318