



**RICHMOND  
PEDIATRIC  
DENTISTRY &  
ORTHODONTICS**

**ORTHODONTICS FOR  
CHILDREN, TEENS  
AND ADULTS**

**PATIENT NAME:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PATIENT DOB:** \_\_\_\_\_

**AREAS OF CONCERN (CHECK ALL THAT APPLY)** 

CROWDING

MOLAR UPRIGHTING

SPACING

IMPACTED TEETH

OVERJET

SPACE MAINTENANCE

OVERBITE

TMJ

CROSSBITE

OTHER: \_\_\_\_\_

### **RESTORATIVE TREATMENT**

Patient has pending treatment

Patient has clearance to start orthodontic treatment

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_