

Consultation Flowsheet

Patient's Name _____ Male or Female?

How did you hear about our office? _____

Do you have any family members that are/were patients? _____

Has you/the patient ever seen an orthodontist or had previous treatment? Y or N

What is your main concern for this appointment? _____

Are you interested in traditional braces or aligners? _____

Who is your dentist? _____

We will be happy to contact your dentist's office and let him/her know you made an appointment with us. We will also check to see if there are any current x-rays.

Do you know if you have a current panorex radiograph? Y or N

Would you like to schedule any other family members? _____

Email Address: _____

Address: _____

Date of birth: _____ Phone number: _____

Contact Preference: Email, Cell, Home, Office # _____

If you would like, we will be appy to check your dental insurance for orthodontic coverage. Please provide: Company, ID# and Subscriber name and date of birth