MIDLANDS
ORTHODONTICS

WWW.MIDLANDSORTHODONTICS.COM

Name _____ PHONE #_____

REFERRED BY_____ DATE _____

CARIES RISK

(Please Check One From Each Column)

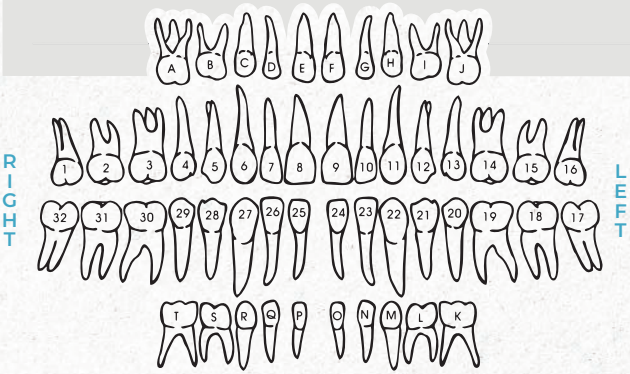
- ○ LOW
- ○ MODERATE
- ○ HIGH

- ○ Restorative/Periodontal Work Required Prior To Treatment.
- ○ Cleared For Treatment.

PLEASE CHECK ALL THAT APPLY

- ○ Crossbite
- ○ Open or Deep Bite
- ○ Class II (Overjet)
- ○ Class III (Underbite)
- ○ Crowding
- ○ Spacing
- ○ Impacted Teeth _____
- ○ Missing Teeth

NOTES



9704 TWO NOTCH RD, STE B
COLUMBIA, SC 29223

(803) 402-3838