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ORTHODONTICS

Patient Name	Date
PATIENTS' REASON FOR SEEKING OR	THODONTIC ADVICE:
Are you interested in: (Please indicate	all that apply)
[] Information[] Treatment at this time[] Clarification of previously received infinformation	ormation or conflicting
If your teeth were to be changed, how wou	ld you like them changed?
 [] Straighten the front teeth [] Move upper teeth [] Move lower teeth [] Close spaces [] Move upper teeth up because gums shown and the spaces [] Make upper front teeth [] Make lower front teeth [] Are you interested in cosmetic bonding [] Improve the appearance of chipped / opinted teeth [] Change the bite because bite is uncommon and the space of the space	Longer / Shorter Longer / Shorter g / veneers / caps cracked / stained / dark or fortable
YesNo	can after the profile:
If you would like the profile changed, what would you like changed?	
If conventional braces would give you a supappliances would you consider fix Definitely Yes Possibly Definitely Not	