WILSON DENTAL

728 E. Ridge Road
Rochester, Ny 14621
(585)491-7800 Fax (607) 238-1276

Orthodontic Referral

Date: _____
Introducing: _____
Daytime Phone: _____

Patient has been referred for the following:

__ Dental Crowding
__ Overjet
__ Dental Spacing
__ Over Bite
__ Dentofacial Imbalance
__ Missing Teeth
__ Open bite
__ Facial Esthetics
__ Crossbite
__ Thumb/Finger Habit
__ Speech Disorder
__ Impacted Teeth
__ Ectopic Eruption
__ Prosthetic Consideration
__ Restorative Considerations
__ Invisalign Treatment
__ TMDJ
__ Tongue Thrust
__ Prosthetic Concerns
__ Facial Growth Disorder

Radiographs:

Please Take: __ Panoramic X-ray
__ X-rays have been given to patient
__ X-rays have been mailed to your office
__ Call before taking X-rays
__ Cephalometric X-rays
__ Send a copy of the X-rays
__ Please return X-rays to our office

Remarks: _____
_____
_____

Referred By: _____

Signature: _____

Date: _____ Phone Number: _____