

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Our mutual patient is ready to begin orthodontic treatment. To begin treatment, we would like to confirm stable periodontal status to ensure the best possible outcome for our patient. We ask our patients to be up to date on all general dentistry treatments including periodontal and restorative health before starting orthodontic treatment. Please fill out the items below:

★ Date of last exam:

★ Restorative Status: ( ) Completed ( ) In progress

★ Date of last prophylaxis and/or periodontal treatment:

★ Periodontal Status:

★ Recommended Dental Visits: ( ) 6 months ( ) 3 months ( ) other \_\_\_\_\_

★ Do you approve the patient to start orthodontic treatment?

Please check all that apply:

\_\_\_\_\_ Patient has received an oral examination and was found to be free of untreated oral disease or other conditions in order to start orthodontic treatment.

\_\_\_\_\_ The patient does not have any active periodontal disease.

\_\_\_\_\_ The patient has all needed dental treatment completed and is able to start orthodontic treatment.

★ Additional comments:

Please complete and email to [smiles@vargheseorthodontics.com](mailto:smiles@vargheseorthodontics.com) or fax to 630.907.9682. Thank you for your continued partnership in our patient's oral health. We appreciate you taking your time to fill out and return this form. If you have questions or need more information, please feel free to contact our office. We look forward to working with you. Thank you.

Dentist name (please print):

Dentist Signature:

Date: