Ortho Place
For happier smiles!

REQUEST FOR AN ORTHODONTIC CONSULTATION

Patient Name | Gender | D.O.B. *(DDMMYY)*

Parent's Names

Phone # (Home) | Phone # (Work/Cell)

Please fill out the following information to help us in providing patient with the best possible care

Reason for referral

- ☐ Crowding
- ☐ Spacing
- ☐ Excessive Overjet
- ☐ Excessive Overbite
- ☐ Anterior Open Bite
- ☐ Posterior Crossbite
- ☐ Anterior Crossbite
- ☐ Ectopic Eruption
- ☐ Other (describe): _____
- ☐ Impacted Teeth
- ☐ Missing Teeth
- ☐ Supernumerary Teeth
- ☐ Class II Maloclusion
- ☐ Class III Maloclusion
- ☐ Habit Correction
- ☐ Ankylosed Tooth

Has a panoramic radiograph been taken in the last year?

☐ NO ☐ YES Date *(DDMMYY)*

- ☐ Please call the patient to schedule an appointment
- ☐ Patient will call

Referred by Dr. (Please Print) | Date *(DDMMYY)*

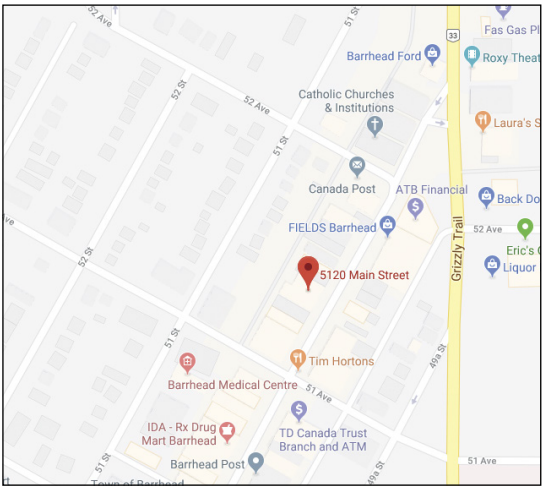
☐ Re-order referral sheets

If you have any questions, please feel free to contact our office.

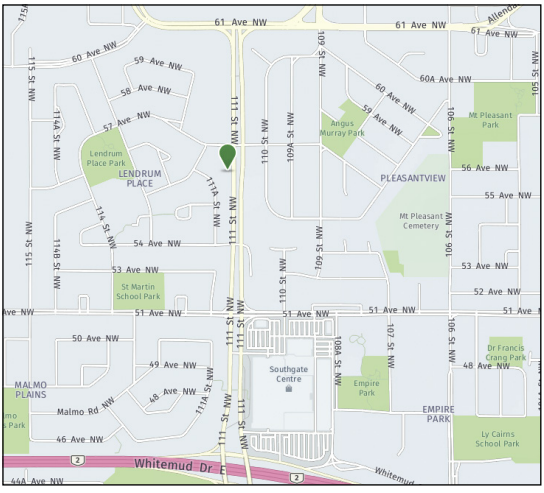
5520 111 St, Edmonton, AB T6H 3E9
T: 780.432.1832 | F: 780.432.1726
E: info.edmonton@orthoplace.ca
Dr. J Roberto Pereira, Orthodontist

5120 50 St, Barrhead, AB T7N 1A5
T: 780.674.5667
E: info.barrhead@orthoplace.ca
Dr. J Roberto Pereira, Orthodontist

www.orthoplace.ca



BARRHEAD LOCATION:
5120 50 Street, Barrhead, AB T7N 1A5
T: 780.674.5667
E: info.barrhead@orthoplace.ca



EDMONTON LOCATION:
5520 111 Street, Edmonton, AB T6H 3E9
T: 780.432.1832 | F: 780-432-1726
E: info.edmonton@orthoplace.ca