803-548-4255 vacortho.com info@vacortho.com 482 Mercantile Place Suite 104 Fort Mill, SC 29715



ORTHODONTIC REFERRAL FORM:

Date:			
Referring Office:			
Dentist / Hygienist / Staff Nar	ne:		
Patient Name:	Fi	rst Middle	Last
Date of Birth:		Total Miladio	Laot
Parent / Guardian Name:			
Cell Phone Number:		Other Phone:	
Email Address:			
The patient is being referred for:		Clinical findings:	
☐ General Orthodontic Evaluation		☐ Airway/ breathing concerns	☐ Overbite
☐ Early Interceptive Treatment		☐ Missing teeth	☐ Overjet
☐ Invisalign Consultation		☐ Class II	☐ Crowding
☐ Orthognathic Surgery Evaluation		☐ Openbite	☐ Spacing
☐ Pre-prosthetic / Pre-implant Treatment		☐ Class III	☐ Space maintenance
☐ TMJ Disorder Evaluation		☐ Crossbite/ functional shift	☐ Impacted teeth
		☐ Growth/ skeletal imbalance	☐ Speech concerns
			☐ Other
Comments:			
Panoramic Radiograph (check all that apply):			
☐ Emailed to info@vacortho.com		☐ Sent with Patient	☐ Not Available