morpho ORTHODONTICS

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SPECIALIST IN ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

Patient Name: _____

Age: _____ Male / Female

☐ Panorex taken Date of Panorex: _____

Patient Concerns:

Esthetics	☐	Crowding	☐
Spacing	☐	Bite	☐
TMJ Pain	☐		

Doctor's Concerns:

Esthetics	☐	_____
Crowding	☐	_____
Spacing	☐	_____
Malocclusion	☐	_____
Crossbite	☐	_____
Impacted/Ectopic	☐	_____
Habit	☐	_____
Skeletal Discrepancy	☐	_____
Missing Teeth	☐	_____
Supernumerary	☐	_____
Orthognathic Sx.	☐	_____
Perio/Ortho Concerns	☐	_____
Pre Prosthetics	☐	_____
Growth Guidance	☐	_____
Oral Hygiene	☐	_____
Mobility	☐	_____
TMJ Pain	☐	_____

My Concerns are: _____

_____

_____

_____

Dr. _____