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Specialist in Orthodontics and Dentofacial Orthopedics

Member American Association of Orthodontists



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

**Referred By:** \_\_\_\_\_

**Date Referred:** \_\_\_\_\_

## CHILDREN

**Please evaluate the  
following:**

**crowding  
crossbite  
protrusion  
eruption pattern  
tongue thrust  
habits (thumb, finger)**

## ADULTS

**crowding  
abutment uprighting  
compromised periodontal condition  
(relative to tooth position)  
skeletal malrelation  
TMJ**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

*Referring Doctor's Copy*