



Welcome

Adult New Patient Registration

(For Patients Over Age 18)

Today's Date _____

Patient Name _____ Prefers to be called _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Occupation _____ Employed By _____

Spouse's Name _____ Work Phone _____

Occupation _____ Employed By _____

Who may we contact in case of emergency? _____ Phone _____

Family Dentist _____ Family Physician _____

In your opinion, what is your orthodontic problem? _____

Who may we thank for recommending you to our office? _____

Person responsible for account _____

SSN _____ Birthdate _____ Age _____ Sex M F

Address _____

City, State, Zip _____

Do you have orthodontic insurance coverage? No Yes, company _____

Group Number _____ Phone/Contact _____



Smiles Worth Celebrating

Clinical Examination

Profile: Convex Straight Concave
 Nasolabial angle: Acute Normal Obtuse
 Mentolabial sulcus: Normal Deep

Classification:

Skeletal _____ Dental _____ Cuspid _____ Molar _____
 Overjet _____ Minimum Normal Excessive Neg.
 Overbite _____ Open Minimum Normal Deep

Alignment:

MX Normal Crowding Spacing _____ mm
 MD Normal Crowding Spacing _____ mm

Transverse:

MX Midline: _____ mm right left
 MD Midline: _____ mm right left
 X-bite: _____
 MX Width: _____ MD Width: _____

Diastema: _____ Impactions: _____

Missing Teeth: _____ Habits: _____

Oral Hygiene _____ Enamel Wear: _____

Advice given to parents/patient: _____

Length of tx: _____ Tx Fee: _____

Possible treatment: _____

Comments: _____

Right					Left					Right					Left										
a	b	c	d	e	f	g	h	i	j	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
t	s	r	q	p	o	n	m	l	k	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

