

Preliminary Orthodontic Evaluation Main

Office Phone: 507-665-3394 Email: andersonorthodontics@gmail.com

Introducing: _____ DOB _____

Address and Phone: _____

Patients Chief Complaint: _____

Pertinent Dental History: _____

Orthodontic Findings:

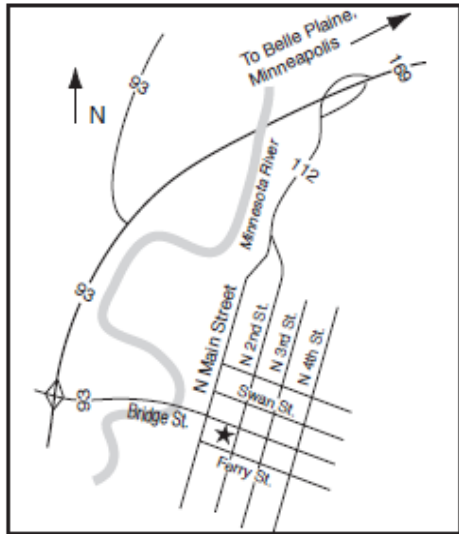
- Molar Classification: I _____ II _____ III _____
- Skeletal Disharmonies: Max _____ Mand _____ Vertical _____ Transverse _____
- Crossbite: Anterior _____ Posterior _____
- Missing Teeth: Yes _____ No _____
- Impacted Teeth: Yes _____ No _____
- Oral Habit: Yes _____ No _____
- Oral Hygiene: Excellent _____ Good _____ Fair _____ Poor _____

Other Concerns: _____

Referred By: _____ Date: _____

Le Sueur

101 South Main St., Suite 107
Le Sueur, MN 56058

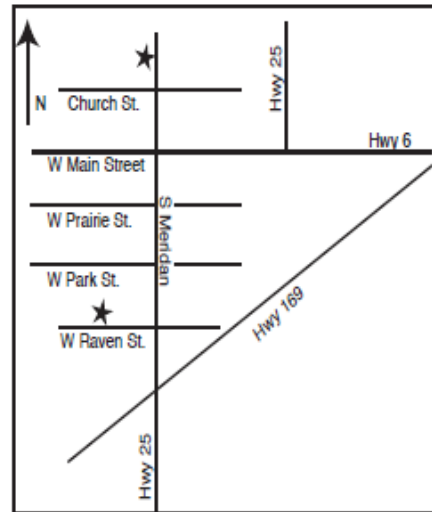


Belle Plaine

210 North Meridian, Ste. 2
Belle Plaine, MN 56011

Belle Plaine

201 West Raven St.
Belle Plaine, MN 56011



Arlington

106 Northwest 3rd Ave.
Arlington, MN 55307

