



MILFORD ORTHODONTICS

Specialists in Orthodontics for Children & Adults

1 Elm Street (off the Oval), Milford, NH 03055

Phone: (603) 673-2406 | Fax: (603) 673-2448

Email: info@milfordnhortho.com | Web: www.milfordnhortho.com

Referral Form

Patient's Name: _____

Patient's Phone #: _____

Date: _____

Please evaluate patient for:

- | | | |
|----------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> General Ortho Evaluation | <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Pre-prosthetic Alignment |
| <input type="checkbox"/> Facial Growth/Orthopedics | <input type="checkbox"/> Minor Tooth Movement | <input type="checkbox"/> Orthognathic Surgery/TMD |

Patient's Concerns:

- | | | |
|-----------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Overbite | <input type="checkbox"/> Openbite | <input type="checkbox"/> Crossbite/Underbite |
| <input type="checkbox"/> Habit | <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impaction(s) |

Radiographs:

- | | |
|------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> X-rays have been given to patient | <input type="checkbox"/> Please return x-rays |
| <input type="checkbox"/> Please take panoramic x-ray | <input type="checkbox"/> X-rays have been mailed |
| <input type="checkbox"/> Send a copy of x-rays | |

Comments:

Send New Referral Pad

Referring Doctor: _____