



CORINTH
ORTHODONTICS

3003 FM 2181 Ste. 100
Corinth, TX. 76210
P: 940-321-3919 F: 940-497-0995



TROPHY CLUB
ORTHODONTICS

625 Parkview Dr. Ste. 100
Trophy Club, TX. 76262
P: 817-491-3919 F: 817-491-2480

PATIENT REFERRAL

Introducing: _____

Date of Birth: _____

Patient will call to schedule Orthodontic Consultation

Please contact patient to schedule Orthodontic Consultation for the following

Parent/Guardian Name: _____ Phone: _____

Clinical Finding:

Crossbite

Crowding

Impacted Teeth

Minor Tooth Movement

Missing Teeth

Open bite

Oral Habit/Tongue Thrust

Overbite

Overjet

Pre-Prosthetic Alignment

Space Maintenance

Spacing

Overbite

Other: _____

This patient is being referred for:

1st Orthodontic Consult (7 and up)

Early Interceptive Treatment (7- 9 1/2yrs)

Dentofacial Orthopedics (7- 9 1/2yrs)

Comprehensive Orthodontics (11 and up)

Habit Correction Treatment

Pre-Prosthetic/Implant Site Development

Other: _____

Comments: _____

Please call me before proceeding with treatment.

I have emailed radiographs for your evaluation.

Referring Dr.: _____ Date: _____

Referring Dr. Phone #: _____