FUTURE SMILES ORTHODONTICS

643 Chalan San Antonio, Suite 104, Tamuning, GU 96913, **(671) 648-9888**, info@futuresmilesortho.com (map on reverse side)

## Referral Form / Dental Health Clearance

Patient Name: _____ Tel: _____ Age: _____

Does this patient have your permission for orthodontic treatment? Yes / No
If not, why (needs extensive dental/periodontal treatment, recall, etc.)?

Does this patient have any pending dental treatment? Yes / No
If so, which teeth are involved?

_____ _____
Dentist (Sign) Date

_____
Dentist/Dental Office (Print)

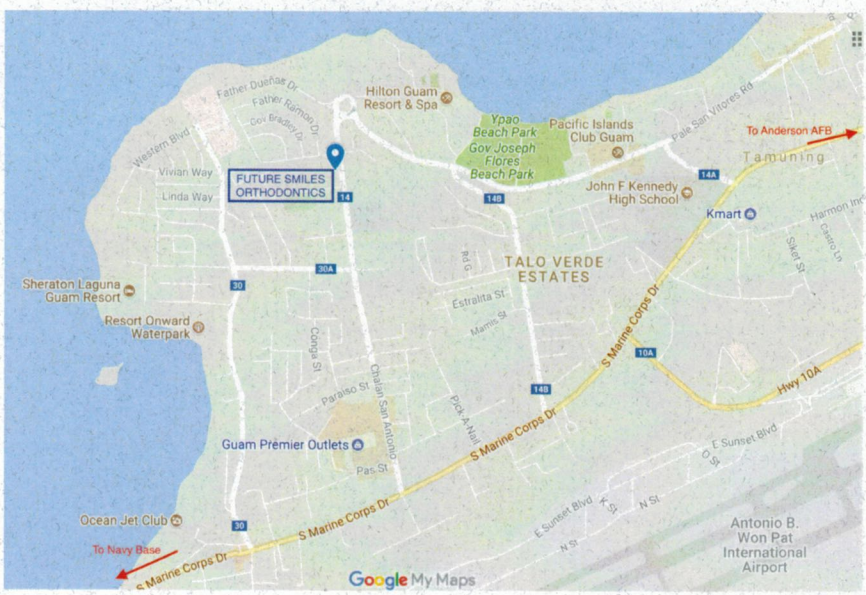
---

Future Smiles Orthodontics
643 Chalan San Antonio, Suite 104
Tamuning, GU 96913
Phone: (671) 648-9888
Fax: (671) 648-9894

Info@futuresmilesortho.com

www.futuresmilesortho.com

YouTube




Appointment Date & Time: _____