



255 Westfall Rd, Suite B
Rochester, NY 14620
phone: 585-371-6652

Maureen Wood, DMD
Board Certified Orthodontist

Referring dentist _____ Referral date _____

Office phone number _____

Patient name _____ Phone number _____

D.O.B. _____

Reason for referral:

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Deep bite | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Spacing | <input type="checkbox"/> Open bite | |
| <input type="checkbox"/> Impacted tooth | <input type="checkbox"/> Oral habits | |
| <input type="checkbox"/> Overjet | <input type="checkbox"/> Crossbite | |

Available radiographs:

- | | |
|--|---|
| <input type="checkbox"/> Panoramic | <input type="checkbox"/> Sending electronically |
| <input type="checkbox"/> Full mouth series | <input type="checkbox"/> Sending with patient |

Patient's current preventative, restorative, & periodontal health:

- In good dental health
- Patient requires _____

Comments/remarks:
