

ORTHODONTIC SUMMARY SHEET

Section 1 Provider Information		
Name & Mailing Address/Office Stamp	Prescriber's Telephone No.	
Section 2 Client Information		
Surname	Given Name	Date of Birth (YYYY/MM/DD) _____ Sex : M _____ F _____
Oral Hygiene:		
Chief Complaint: Client	Chief Complaint: Parent/Guardian	
Skeletal and Soft Tissue/Dental Characteristics		
Special Features (Radiographical and Functional Analysis, Periodontal Treatment)		
Treatment Objectives		
Plan de traitement		
Treatment Plan		
Active Treatment Time:		
Cost	Date (YYYY-MM-DD)	Provider's Signature
I/we understand the nature of the proposed orthodontic treatment and the commitment required should this be approved.		
_____ Signature (Parent/Guardian)	_____ Client (Required if under 16 years of age)	