

Dentist Referral Form



Referring Dentist: Your patient has applied to received Donated Orthodontic Services. Please complete the referral form on their behalf.

Mail: AAO, Attn: Donated Orthodontic Services
401 North Lindbergh Blvd., St. Louis, MO 63141
Fax: Attn: Donated Orthodontic Services @ 314.997.1745
Questions: 1.800.424.2841 x582

Today's Date: _____

Patient Name: _____	DOB: _____
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Date of last appointment: _____

How often is the patient seen in your office? _____

Does the patient's family keep appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient in need of orthodontic treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child motivated to receive orthodontic treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description of Patient's Current Condition:			
Malocclusion	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III
Spacing	<input type="checkbox"/> Mild ≤ 3 mm	<input type="checkbox"/> Moderate 4-6 mm	<input type="checkbox"/> Severe ≥ 7 mm
Crowding	<input type="checkbox"/> Mild ≤ 3 mm	<input type="checkbox"/> Moderate 4-6 mm	<input type="checkbox"/> Severe ≥ 7 mm
Overjet	<input type="checkbox"/> Normal	<input type="checkbox"/> Moderate 2-5mm	<input type="checkbox"/> Severe ≥ 6mm
Crossbite	<input type="checkbox"/> None	<input type="checkbox"/> Anterior	<input type="checkbox"/> Posterior
Overbite	<input type="checkbox"/> Normal	<input type="checkbox"/> Moderate (50-75%)	<input type="checkbox"/> Severe > 75% <input type="checkbox"/> Open Bite
Misalalignment	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Description of Dentition:	<input type="checkbox"/> Primary	<input type="checkbox"/> Mixed	<input type="checkbox"/> Permanent
Is the patient carries free?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Patient have good oral hygiene?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments:

Dentist Name (Please Print)

Dentist Signature

Dentist Phone Number

Thank you for your assistance!