ottawa west ORTHODONTICS

Dr. Shari Borsuk
Certified Specialist in Orthodontics
(t) 613-820-2660 (f) 613-515-2660 (e) ortho@ottawawestorthodontics.com

Introducing:

Name **D.O.B (MM/DD/YYYY)**

Address **Email Address (please provide)** **Phone Number (please provide)**

Doctor Information:

Referring Doctor **Date** **Phone Number**

Reason for Consultation:

- General Orthodontic Evaluation
- Pre-Prosthetic Orthodontic Treatment
- Impacted Teeth / Surgical Orthodontics
- Early / Interceptive Treatment
- Invisalign / Clear Braces

X-Rays: (please provide pan with date taken)

- Given to Patient
- Mailed / Emailed
- Please take

For **adult** patients, please confirm the following:

Last hyg apt:_____

- Y / N Periodontal condition has been assessed/treated
- Y / N Please indicate missing teeth/implants: _____
- Y / N Jaw surgery is anticipated

Remarks or Special Instructions: _____

_____