PATIENT INFORMATION

profer to be called (example: Bith date Six Age Birth date City	Last Name	First Name	Middle Initial		
Home Address	I prefer to be called (example: Bob not Robert, Susan not	Sue)			
State Zip Code Home Phone () Grade	Sex Age Birth date				
Does patient attend school?yesno if yes, School	Home Address	City			
FAMILY INFORMATION	State Zip Code	Home Phone ()			
Adult patients may omit this section	Does patient attend school?yesno If yes, School	ol	Grade		
Adult patients may omit this section					
List the names and ages of brothers and/or sisters	(A July maticals many amit this postion)	FAMILY INFORMATION			
Father or Guardian			•		
Marital Status: Married Divorced Separated Widowed Single E-MATL If home address and telephone are different from patient: Home Address City					
If home address and telephone are different from patient: Home Address					
State		ed Widowed Single E-MATI			
State Zip Code Home Phone () Work Phone () Employer's Address City State Zip Code Work Phone () Employer's Address City Single E-MAIL Cocupation Marital Status: Married Divorced Separated Widowed Single E-MAIL If home address and telephone are different from patient: Home Address City State Zip Code Home Phone () Employer Work Phone () Employer's Address City State Zip Code FINANCIAL INFORMATON FOR ADULT PATIENTS: (see other side for dependent adults and minor children) Please check one: Patient Spouse is responsible for financial portion of treatment. If spouse, name Employer Work Telephone () Employer Work Telephone () Employer's Address City State Zip Code State Zip Code Final power State Zip Code State State Zip Code State State State Zip Code State State State St	·	_	e.		
Employer's Address City					
Employer's Address City	· ·				
StateZip Code	Employer	Work Phone ()		
Marital Status: Married Divorced Separated Widowed Single E-MATL_ If home address and telephone are different from patient: Home Address City					
Marital Status: Married Divorced Separated Widowed Single E-MATL. If home address and telephone are different from patient: Home Address					
If home address and telephone are different from patient: Home Address	Mother or Guardian		Occupation		
Home Address	Marital Status: Married Divorced Separated Widowed Single E-MAIL				
StateZip CodeHome Phone ()	If home address and telephone are different from patient:				
Employer's Address	Home Address		City		
Employer's Address State Zip Code FINANCIAL INFORMATON FOR ADULT PATIENTS: (see other side for dependent adults and minor children) Please check one: Patient Spouse is responsible for financial portion of treatment. If spouse, name Employer Work Telephone () Employer's Address City State Zip Code	StateZip Code	Home Phone ()	Maria de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición del compos		
FINANCIAL INFORMATON FOR ADULT PATIENTS: (see other side for dependent adults and minor children) Please check one:Patient Spouse is responsible for financial portion of treatment. If spouse, name Employment information for person financially responsible: Employer Work Telephone () Employer's Address City State Zip Code	Employer	Work Phone ()			
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If spouse, name Employment information for person financially responsible: Employer Work Telephone () Employer's Address City State Zip Code	FOR ADULT PATIENTS: (see other side for depe	ndent adults and minor children)			
If spouse, name Employment information for person financially responsible: Employer Work Telephone () Employer's Address City State Zip Code	Please check one: Patient Spouse is respons	sible for financial portion of treatment.			
Employment information for person financially responsible: Employer Work Telephone () Employer's Address State Zip Code					
Employer's Address Work Telephone () Employer's Address State Zip Code					
Employer's Address State Zip Code		•	()		
City State Zip Code	•				
·			Zip Code		
			-		
Signature of responsible party	Signature of responsible party				

FOR PATIENTS WHO ARE MINOR CHILDREN OR FINANCIALLY DEPENDENT ADULTS:

Our current office policy requires that all accounts are in <u>one</u> person's name only. If the patient and both parents live at the same address, please choose one parent to be responsible. If the patient and both parents do not live at the same address, the responsible party will be the parent who has called to schedule the initial examination appointment. If the patient is living with a guardian, the guardian will be considered the person financially responsible.

Name of person responsible for financial p	ortion of treatment		
Relationship to patient			
Signature of person accepting financial responsibility		Date	
If the patient is covered by a dental insuran	ce plan with an orthodontic bene	efit, please complete an insurance information form.	
This registration form was updated:			
Date	Signature		
Date	Signature		
Date	Signature		
	ORTHODO	ONTIC EXAMINATION	
Profile		Facial symmetry	
Habits (Swallow)		Musculature (Lips)	
		Left	
TMJ Comments MAX OPENING		PROTRUSIVE	
RIGHT		LEFT	
Molar Relationship Right	Left	Cuspid Relationship Right Left	
Overjet	Overbite	Midline	
Teeth Present		Crossbite	
Tooth – Jaw Ratio Maxilla		Mandible	
Functional Deviations	Occlusal Curve		
Caries	Oral Hygiene	Perio	
Dental Aberrations		Smile Consonance	
		Space Loss	
	· ·	Gingival Show on Smile	
		Missing/Impacted Teeth	

Incisal Show at Repose