David D. Mentz, D.M.D., D. Ortho

Orthodontics and Dentofacial Orthopedics

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Phone (920) 722-0530 • FAX (920) 722-5210

REQUEST FOR ORTHODONTIC EVALUATION

Date____________________

Patient's name__________________________________ **Age**_______________________

Parent(s) name__________________________________ **Phone**_____________________

Doctor's chief concern:

_______Crowding

_______Crossbite

_______Antero/posterior problems

_______Deep Bite

_______TMJ

_______Impacted teeth

_______Esthetics

_______Ectopic eruption

_______Other

Patient's or parent's chief concern:

_______Esthetics

_______Spacing

_______Crowding

_______Function and/or discomfort

_______Other

Special considerations:

_______Medical

_______Dental

_______Contact family dentist before examination

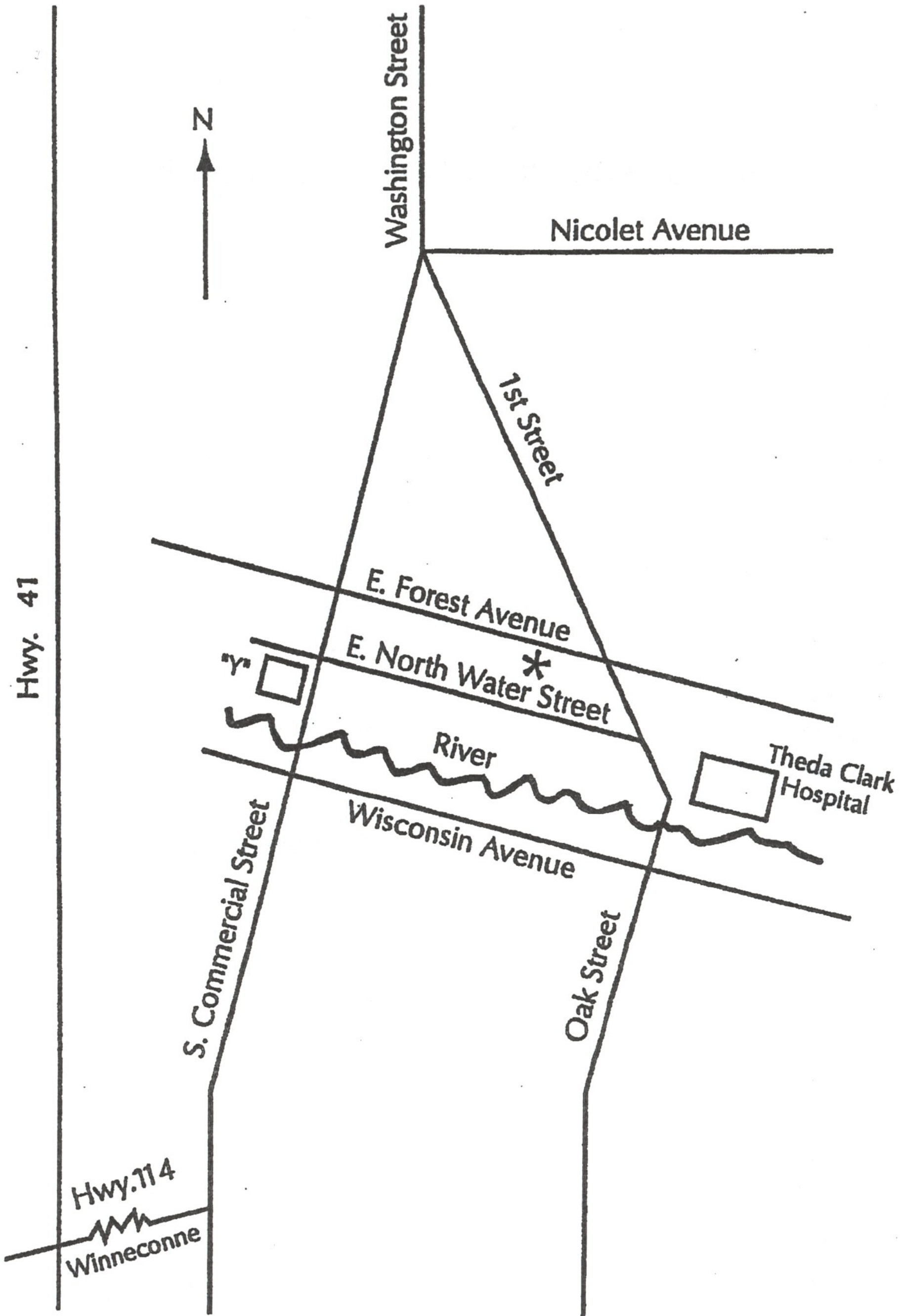
Comment:

_____Please contact this patient for an appointment

_____Patient will contact your office for an appointment

Name of family dentist____

Member
American
Association of
Orthodontists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Nicolet Avenue
1st Street
Hwy. 41
E. Forest Avenue
E. North Water Street
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River
Theda Clark Hospital
Wisconsin Avenue
S. Commercial Street
Oak Street
Hwy.114
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