



WELCOME NEW PATIENT

Our office welcomes you to your initial orthodontic evaluation. This appointment is complimentary and will involve a clinical exam targeted toward understanding your orthodontic needs and determining your diagnosis and treatment options.

PATIENT INFORMATION:

Introducing: _____ Age: _____

PANOREX: Patient will bring: _____ Office will mail: _____ Date: _____

AREAS OF CONCERN:

- CROWDING OPEN BITE IMPACTED TEETH
- SPACING CROSSBITE DELAYED ERUPTION
- OVERJET MISSING TEETH CLASS 11
- DEEP BITE EXTRA TEETH CLASS 111
- OTHER _____

COMMENTS:

Please call me prior to starting treatment Date: _____

Referring Doctor: _____ Phone: _____

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Please call with any questions and to set up your appointment. We look forward to your visit!

EDEN PRAIRIE

(952) 829-0686

8200 Commonwealth Dr.
Eden Prairie, MN 55344

SHAKOPEE

(952) 445-7700

1335 10th Ave. East
Shakopee, MN 55379

NEW PRAGUE

(952) 758-6999

101 Central Ave. N
New Prague, MN 56071

CHASKA

(952) 361-5550

1475 White Oak Dr.
Chaska, MN 55318