



Introducing my patient:

Phone number:

Please evaluate the following condition(s):

- Crowding
- Spacing
- Excess Overjet (Protrusive Upper Teeth)
- Underbite (Anterior Crossbite)
- Excess Vertical Overlap (Overbite/Deep Bite)
- Open Bite
- Posterior Crossbite
- Congenitally Missing or Impacted Teeth
- Skeletal Discrepancy/Misaligned Jaws (Retrognathia, Prognathia, Asymmetry, Vertical Excess, Vertical Deficiency)
- Other/Comments _____

Referred by:

Date:

4790 WHITE BEAR PARKWAY **PHONE: 651.426.3873**
WHITE BEAR LAKE, MN 55110 **FAX 651.653.5790**

2130 CLIFF ROAD, SUITE 220 **PHONE: 651.405.1055**
EAGAN, MN 55122 **FAX 651.405.0727**

7493 WEST 147TH ST., SUITE 202 **PHONE: 952.431.1111**
APPLE VALLEY, MN 55124 **FAX 952.997.2538**

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