



QUEEN CITY SMILES

— ORTHODONTICS —

Patient Name _____ Date _____

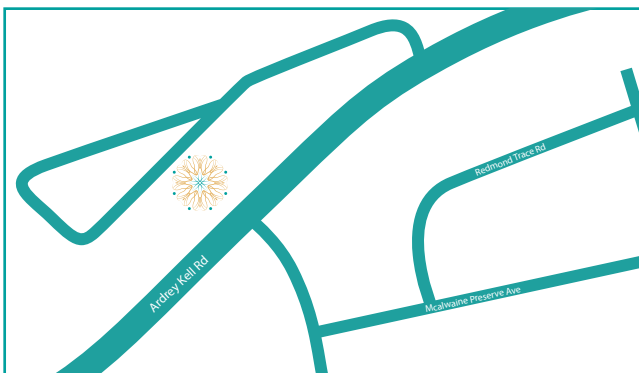
Date of Birth _____ Referred by _____

Areas of Concern:

- | | | |
|--|--|--|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Openbite | <input type="checkbox"/> Crossbite | <input type="checkbox"/> Missing Teeth |
| <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Pre-prosthetics | <input type="checkbox"/> Orthognatic Surgery |
| <input type="checkbox"/> Overbite | | <input type="checkbox"/> Space Maintenance |
| <input type="checkbox"/> Early or Interceptive Treatment | | <input type="checkbox"/> Other _____ |

Dental History:

- Date of last cleaning and checkup _____
- Panoramic radiograph is available
- Restorative work needed



9216 Ardrey Kell Rd, Suite 200,
Charlotte, NC 28277

(704) 594 - 2266



Kanupriya Tewari, DMD
Board Certified Orthodontist



qcsmileorthodontics.com



info@qcsmiles.com