


Sample of the Orthodontic Summary Sheet

	
ORTHODONTIC SUMMARY SHEET	
Section 1 Provider Information	
Name & Mailing Address/Office Stamp	Prescriber's Telephone Prescriber's Fax
Patient's Name: Surname	Given Name(s) Date of Birth
TO BE COMPLETED BY PROVIDER	
Oral Hygiene	
Chief Complaint Patient: Parent/ Guardian:	
Skeletal and Soft Tissue Characteristics	
Dental Characteristics	
Special Features (Radiographic and Functional Analysis, Periodontal Treatment)	
Treatment Objectives	
Treatment Plan	
Active Treatment Time:	
Retention Time:	
Cost:	Provider's Signature
I/we understand the nature of the orthodontic treatment to be provided and the commitment required:	
Signature (Parent/Guardian)	Patient:
Medical Services Branch Non-Insured Health Benefits September, 1999	Confidential when completed 