

# Orthodontic Patient Transfer Form

Date     /     /

TO :

FROM :

Address : \_\_\_\_\_ Zip \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

1. PATIENT'S NAME : \_\_\_\_\_ M/F

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

Address : \_\_\_\_\_ Zip \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

2. CASE ANALYSIS : \_\_\_\_\_

TREATMENT PLAN : \_\_\_\_\_

3. TREATMENT RECORDS :

Date	
/ /	
/ /	
/ /	
/ /	
/ /	

4. PRESENT TREATMENT : Active Treatment    Retention    Observation    Other

Technique : \_\_\_\_\_ Auxiliary appliance : \_\_\_\_\_

Type of Bracket : (Manufacture, Slot size, Torque, Angulation, etc.) \_\_\_\_\_

Arch wire size : Upper \_\_\_\_\_ Lower \_\_\_\_\_

6     3     |     3     6

Elastics : 6     3     |     3     6

Estimated active treatment time : \_\_\_\_\_

5. PATIENT COOPERATION :

Appointments (excellent, good, poor)      Oral hygiene (excellent, good, poor)

Appliance (Headgear, Elastics, etc.)      (excellent, good, poor)

Patient attitude toward treatment (positive, negative)

Suggestions for patient motivation \_\_\_\_\_

6. TRANSFER OF RECORDS :

No records were obtained    Records being forwarded under separate cover

Contact our office after patient arrives and we will forward records

7. FINANCIAL CONTRACT : Copy enclosed

GENERAL REMARKS : \_\_\_\_\_

Signature : \_\_\_\_\_ Date :     /     /