BEAVERTON
ORTHODONTICS

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DIPLOMATE, AMERICAN BOARD OF ORTHODONTICS

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Patient Information

Referrer _____ Date _____

Introducing _____ DOB _____

Phone _____ Email _____

Please evaluate for:

- ☐ Phase I / Interceptive treatment
- ☐ Comprehensive treatment
- ☐ Othognathic surgical treatment
- ☐ Other _____

Areas of Concern

- ☐ Crowding
- ☐ Spacing
- ☐ Excess overjet
- ☐ Deep overbite
- ☐ Open bite
- ☐ TMD
- ☐ Supraeruption
- ☐ Small lateral(s)
- ☐ Crossbite
- ☐ Oral habit
- ☐ Impacted / ectopic teeth
- ☐ Missing teeth
- ☐ Airway/breathing
- ☐ Prosthetic/implant site development
- ☐ Other/comments: _____

Dental Records

- ☐ Recent pano X-ray available, dated: _____
- ☐ If 18+ yrs old, perio chart or FMX available, dated: _____
- ☐ Pending restorative work: _____

Thank you for your kind referral!

We will contact you soon after consulting with your patient.

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invisalign® PROVIDER

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About your first visit to

BEAVERTON ORTHODONTICS

Your Exam

Every patient has unique orthodontic needs, from the 7-year old with an underbite, to the adult with crooked front teeth. In order to understand your or your child's specific needs, Dr. Song offers a complimentary 1-hour New Patient Exam.

During this visit, you will learn what treatment, if any, is recommended. You'll learn the types of recommended appliances and the anticipated length of treatment. Based on these individualized recommendations, you will also receive a personalized fee estimate along with flexible payment options.

Contact Us

Please call us at 503-524-0524 to schedule your complimentary examination. We are in the office Mondays through Thursdays.

Our office is located at the corner of Murray Blvd. and Scholls Ferry Rd. in the Murray-Scholls Town Center, just across the parking lot from 24-Hour Fitness.

For more information about our office and what to expect at your first visit, please visit www.beavertonortho.com.

We look forward to connecting with you and for the opportunity to help you achieve a confident, healthy and lasting smile.