



Erickson - Aamodt Orthodontics, PA

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This is to introduce my patient: _____

Telephone 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:

Doctor's Signature

Date

Doctor's Name, Printed

