Brier Creek Orthodontics

North Durham Orthodontics

Please complete referral form and email to: info@briercreekortho.com

Patient Name: _____ Phone: _____

Date of Birth: _____ Age: _____ Gender: M / F

Contact Person: _____ Email: _____

Date of most recent:

Cleaning and exam: _____ Panorex: _____

If available, please email recent panorex to: info@briercreekortho.com

Periodontal condition is:

❑ Good ❑ Fair ❑ Poor

Patient Cleared for Orthodontic Treatment:

❑ Yes ❑ Restorative work needed ***prior*** to orthodontic treatment

Reason for Referral: _____

_____

_____

Referring Dentist's Name: _____

Signature: _____ Date: _____

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