



2026 APPLICATION FORM

# Dental Examination Form

To be Completed by the Candidate's General Dentist



In order to apply for orthodontic treatment through Smiles4Canada, we require the candidate's general dentist to complete this short form. This will help ensure the candidate's teeth are healthy and that his/her oral hygiene is adequate for orthodontic treatment to be completed.

Smiles4Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides access to orthodontic care for low income young Canadians who would otherwise not receive treatment. Applications are evaluated by a Regional Committee that assesses the financial status of the family, the severity of the dental problems and the character of the applicant. Orthodontic treatment is provided by a participating orthodontist who has offered to donate his/her/their services to this worthwhile program. The patient pays a small administrative fee for the treatment, generally less than 10% of what he/she/they would normally expect to pay for orthodontic treatment. The orthodontist receives no compensation, other than the satisfaction of helping a deserving young individual. We are asking your input to help us determine if the applicant's dentition is adequate for orthodontic treatment. Please complete the following and return it to the applicant.

Patient's Name: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long has the patient been under your care?

\_\_\_\_\_

2. Date of Last Exam?

*(The candidate's last exam must be no earlier than November 1, 2025)*

\_\_\_\_\_

3. Is the patient currently caries free?  Yes  No

4. If NO, what is the plan for restoration?

5. Is the patient's oral health and hygiene are adequate for orthodontic treatment?  Yes  No

6. Please indicate the patient's molar classification:

- Class I  Class III > half cusp  
 Class II > half cusp  Class III < half cusp  
 Class II < half cusp

7. Are the dental arches:

- Crowded:  Severe  Moderate  Mild  
Spaced:  Severe  Moderate  Mild

8. Are there posterior crossbites?  Yes  No

9. What is the overbite?

- Openbite  Minimal  Normal  Deep

10. Are the lower incisors impinging in the palate?

- Yes  No

Signature of Dentist: \_\_\_\_\_

Date: \_\_\_\_\_