# THE SMILE STUDIO

ORTHODONTICS

KATHARINA FUNG DMD | PHILIP RUTKOWSKI DDS

DIPLOMATES OF AMERICAN BOARD OF ORTHODONTICS

Today's Date _____

Patient's Name _____ Patient's DOB _____

Parent's Name _____ Patient Phone # _____

Referred by Dr. _____ Office Phone # _____

## Patient Assessment

Caries Risk ☐ Low ☐ Medium ☐ High

Pano/FMX

☐ None ☐ Attached

☐ Emailed ☐ Mailed

Restorative Treatment

☐ Completed

☐ Incomplete

☐ Projected Completion _____

## Referral Concerns

Primary Concerns

☐ Crowding ☐ Spacing

☐ Deep bite ☐ Open bite

☐ Crossbite ☐ Overjet

☐ Other _____

Comments

_____

_____

_____

15405 WEDGE PARKWAY SUITE 120 | RENO, NV 89511

INFO@SMILESTUDIORENO.COM | 775.524.4488