

Trieu Smiles

ORTHODONTICS

Julia P. Trieu, DDS

Specialist in Braces for Children and Adults

Referring Dr: _____ Dr's Phone: _____ Date: _____

Please call me before proceeding with treatment

Patient Name: _____ Date of Birth: _____

Please call patient to schedule an appointment.

Cell Phone: _____ Home Phone: _____

Patient will call to schedule an appointment

Appointment Date: _____ Appointment Time: _____AM/PM

Please evaluate for the following (Check all that apply):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> General Orthodontic Evaluation | <input type="checkbox"/> Facial Growth Anomaly | <input type="checkbox"/> Crowding |
| <input type="checkbox"/> Early Interceptive Treatment | <input type="checkbox"/> Speech Disorder | <input type="checkbox"/> Spacing |
| <input type="checkbox"/> Clear/Ceramic Braces | <input type="checkbox"/> Tongue Thrust | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Invisalign | <input type="checkbox"/> Thumb Habit | <input type="checkbox"/> Overbite |
| <input type="checkbox"/> Lingual Orthodontics | <input type="checkbox"/> Space Maintenance | <input type="checkbox"/> Openbite |
| <input type="checkbox"/> Pre-Prosthetic Alignment | <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Crossbite |
| <input type="checkbox"/> Orthognathic Surgery Evaluation | <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Other: _____ |

Restorative Treatment:

is completed is underway is pending outcome of orthodontic findings

Radiographs:

Recent full mouth/panoramic radiographs are available

Radiographs have been sent by:

Email to info@trieusmiles.com

Sent with the patient

Postage Mail

Comments:

Harvey Office

3708 4th Street, Suite 103
Harvey, LA 70058
(504) 309-7830

New Orleans Office

5760 Hayne Boulevard
New Orleans, LA 70126
(504) 241-8457



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