Lindsay & Magruder
ORTHODONTICS

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We would like to welcome you and your child to our office. Our goal is to make every child's visit pleasant and enjoyable.

1. Tell Us About Your Child

Today's Date

Child's Name

Name Preferred ❒ Male ❒ Female

Child's Birth date Child's Age

School Grade

Child's Home #

Child's Home Address

City, State, Zip

2. Who is Accompanying the Child Today

Name Relation

Do you have legal custody of this child? Yes ❒ No ❒

Other family members seen by us

Relationship

3. Mother's Information

❒ Birth Mother ❒ Step Mother ❒ Adoptive ❒ Guardian

Name

Work Ph. Home Ph.

Employer How Long

Occupation SS#

Email address

❒ Married ❒ Divorced ❒ Separated ❒ Single ❒ Widowed

4. Father's Information

❒ Birth Father ❒ Step Father ❒ Adoptive ❒ Guardian

Name

Work Ph. Home Ph.

Employer How Long

Occupation SS#

Email address

❒ Married ❒ Divorced ❒ Separated ❒ Single ❒ Widowed

5. Person Responsible for Account

Name Relation

Billing Address

City, State, Zip

Work Ph. Home Ph.

Employer DL No.

SS# Date of Birth

6. Primary Dental Insurance

Insurance Co. Name

Insurance Co. Phone No.

Insured's Name

Relationship to Patient

Insured's Birth date SS#

Insured's Employer

7. Has the child ever had any of the following medical problems?

Yes/No		Yes/No	
❒ ❒	Heart Murmur	❒ ❒	Tuberculosis (TB)
❒ ❒	Cancer	❒ ❒	Congenital Heart Defect
❒ ❒	Diabetes	❒ ❒	Convulsions/Epilepsy
❒ ❒	Rheumatic Fever	❒ ❒	Hearing Impairment
❒ ❒	HIV+/AIDS	❒ ❒	Endocrine Problems
❒ ❒	Hemophilia	❒ ❒	Kidney/Liver Problems
❒ ❒	Asthma	❒ ❒	Handicaps/Disabilities
❒ ❒	Hepatitis		

Please discuss any serious medical problems that the child has had:

_____

_____

Child's current physical health: ❒ Good ❒ Fair ❒ Poor

_____
Medications the child is currently taking:

_____
Medications the child is allergic to

8. Dental History

_____
Why did you bring the child to the orthodontist today?

_____
Present/Previous Dentist

_____
Date of Last Visit

Has the child ever had any of the following:

Yes/No

❒ ❒ Serious/difficult problem associated with previous dental work?

❒ ❒ Tonsils or adenoids removed?

❒ ❒ Pain/tenderness in their jaw joint

❒ ❒ Thumb or finger sucking

_____
Who may we thank for referring you to our office?

_____
Signature of Parent or Guardian Date

Office Use Only

	Jaw	RIGHT SIDE Molar	RIGHT SIDE Cuspid	LEFT SIDE Molar	LEFT SIDE Cuspid
Class I					
Class II					
Div.I					
Div.II					
Class III					

Oral Hygiene ❒ Excellent ❒ Good ❒ Fair ❒ Poor

TMJ ❒ Normal ❒ Popping/Crepitus L/R ❒ Pain/L/R

Lip/Muscle Posture ❒ Lip Strain ❒ Mentalis Strain

Arch length:
Upper ❒ Excess ❒ Adequate ❒ Deficient _____mm
Lower ❒ Excess ❒ Adequate ❒ Deficient _____mm

Overbite ❒ Deep ❒ Normal ❒ Open _____%
Overjet _____mm

Habits ❒ Tongue thrust ❒ Thumb/finger ❒ Mouthbreathing

Abnormal frenum ❒ Upper ❒ Lower

Probable ❒ Extraction ❒ Non-Extraction ❒ Borderline

Office Use Only

Crossbite: R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L

Midline R _____ L

Deciduous Teeth R E D C B A | A B C D E L
E D C B A | A B C D E

Missing Permanent Teeth R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L

Notes:_____

_____

_____

_____

Recommendation: ❒ Treat Now _____
❒ Recall: ❒ 3 mo. ❒ 6 mo. ❒ 1 yr.
❒ No treatment

Estimated Tx Time _____ Months _____ Fee
U/L Clarity _____
U/L Invisalign _____

Next Appt: _____

_____

Letters:

❒ Records TBD ❒ Wait for TX ❒ NC ❒ TY Re ❒ FU Pt