



Tioga Dental & Orthodontics
 13005 Southwest 1st Road, Suite 233
 Gainesville, FL 32669
(352) 333-1946
Ortho@TiogaDental.com

Lindsay VonMoss, DMD
 ORTHODONTIST

DATE: _____

PATIENT: _____ **AGE:** _____

REFERRING DOCTOR: _____

PHONE: _____

Please call patient to schedule an appointment

Cell phone: _____

Work phone: _____

Patient will call to schedule an appointment

AREAS OF CONCERN:

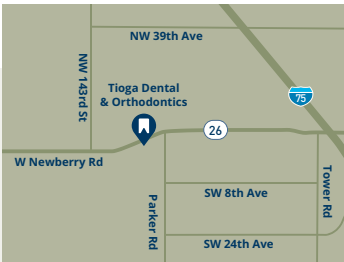
- | | |
|---|--|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing |
| <input type="checkbox"/> Overjet | <input type="checkbox"/> Overbite |
| <input type="checkbox"/> Crossbite | <input type="checkbox"/> Impacted Tooth |
| <input type="checkbox"/> Molar Uprighting | <input type="checkbox"/> Space Maintenance |

Other: _____

RESTORATIVE TREATMENT:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Is completed | <input type="checkbox"/> Is underway |
| <input type="checkbox"/> Is pending outcome of orthodontic findings | |
| <input type="checkbox"/> Recent full mouth/panoramic radiographs are available | |

Comments: _____



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