Sonia Magruder ORTHODONTICS

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The benefits of a happy, healthy smile are immeasurable! Our goal is to help you reach and maintain maximum oral health.

1. About You

Today's Date

Name

❒ Male ❒ Female

Name Preferred

Birth Date Age

❒ Married ❒ Divorced ❒ Separated ❒ Single ❒ Widowed

SS#

Home Ph. Cell/Other

Work Ph. Email

Employer

Employer's Address

How long there? Occupation

When and where are the best times to reach you?

Other family members seen by us

Relationship

Dentist

Last visit date

2. Spouse Information

Name

Employer

Work Ph. Ext SS#

Birthdate

3. Person Responsible for Account

Name Relation

Billing Address

City, State, Zip

Work Ph. Ext Home Ph.

Employer

SS# Date of Birth

4. Primary Dental Insurance

Insurance Co. Name

Insurance Co. Phone No.

Insured's Name

Relationship to Patient

Insured's Birth date SS#

Insured's Employer

5. Medical History

Your current physical health is: ❒ Good ❒ Fair ❒ Poor

Are you currently under the care of a physician: ❒ Yes ❒ No

Please explain _____

Please discuss any serious medical problems that you have had:

Are you allergic to any of the following drugs?

Yes/No		Yes/No	
❍ ❍	Penicillin	❍ ❍	Dental Anesthetics
❍ ❍	Aspirin	❍ ❍	Codeine
❍ ❍	Erythromycin	❍ ❍	Latex
❍ ❍	Tetracycline	❍ ❍	Other

List any other drugs that you are allergic to

List any medications you are currently taking

Yes/No		Yes/No	
❒ ❒	Heart Attack/Stroke	❒ ❒	Frequent Headaches
❒ ❒	Cancer/Chemotherapy	❒ ❒	Epilepsy/Seizure/Fainting
❒ ❒	Heart Murmer	❒ ❒	Diabetes/Tuberculosis (TB)
❒ ❒	Rheumatic Fever	❒ ❒	Drug/Alcohol Abuse
❒ ❒	HIV+/AIDS	❒ ❒	Hemophilia/Abnormal Bleeding
❒ ❒	Heart Surgery/Pacemaker	❒ ❒	Congenital Heart Defect
❒ ❒	Mitral Valve Prolapse	❒ ❒	Asthma/Arthritis
❒ ❒	Artificial Bones/Joints	❒ ❒	Hepatitis
❒ ❒	Artificial Valves	❒ ❒	Blood Transfusion
❒ ❒	Sinus Problems		

8. Dental History

Why have you come to the orthodontist today?

Your current dental health is: ❍ Good ❍ Fair ❍ Poor

Yes/No	
❒ ❒	Are you currently in pain?
❒ ❒	Have you ever had a serious/difficult problem associated with any previous dental work?
❒ ❒	Do you now or have you ever experienced pain/discomfort in your jaw joint (TMJ/TMD)?
❒ ❒	Do you like your smile?
❒ ❒	Do your gums ever bleed?

Who may we thank for referring you to our office?

Signature Date

Office Use Only Office Use Only Office Use Only

Classification: ☐Class I ☐Class II div 1 ☐Class II div 2 ☐Class III
☐ End-on ☐ Full Step

Overjet: ☐Excessive ____mm ☐Normal (1-2mm) ☐Edge to edge ☐ Negative

Overbite: ☐ Anterior open _____mm ☐ _____% ☐ Open Bite Tendency ☐ Impinging

Midlines: UDML _____ off to Right Left
LDML _____ off to Right Left

Crossbite: ☐None ☐ Anterior ☐ Anterior and Posterior ☐Posterior Right/Left ☐Tendency

Crowding: *Maxilla:* ☐Slight ☐ Moderate ☐Severe
Mandible: ☐ Slight ☐ Moderate ☐ Severe

Spacing: Upper Lower

Tooth Size Discrepancy: Not apparent Anterior Posterior

Heavy Frenum: Upper Lower

TMJ: Click Lock Popping Pain Crepitus Bruxism

Habits: ☐Thumb Past ☐Finger past ☐Lip Biting ☐Thumb Present ☐Finger Present ☐Tongue Thrust ☐Pacifier Prolonged

Probable Tx Plan: ☐ Phase I ☐ Comprehensive Fixed ☐ Extraction ☐ Nonextraction

Appliance: Forsus Herbst RPE TPA LLA

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

Estimated Tx Time _____ Months _____ Fee

Notes:_____