



Jamieson & Fulks

orthodontics

Jeff Jamieson DDS, MS

Brent Fulks DDS, MS

Scott Jamieson DDS, MS

Referral to Orthodontic Specialist

Date: _____

I am referring _____ for an orthodontic examination, for the reasons outlined below.

Dental:

- Angle Class _____
- Spacing Crowding
- Deep bite Open bite
- Crossbites (if so, _____)
- Missing/Impacted teeth (if so, _____)
- Retained/Supernumerary teeth (if so, _____)
- Other (if so, _____)

Skeletal:

- Asymmetry (if so, _____)
- Other (if so, _____)

Habits:

- Thumb/Finger Sucking
- Nail Biting
- Tongue Function
- Other (if so, _____)

Remarks: _____

X-rays included Return when finished

Please feel free to contact me if you have any additional information, questions, or concerns.
Thank you and I look forward to working with you in the future!

Sincerely,