



Dear Parent/Guardian:

Prior to the placement of orthodontic appliances, it is necessary that all dental work be completed. We ask that you schedule an appointment for your child with their *general dentist* for an examination and cleaning. Please have the dentist complete the bottom half of this form and return it to our office at your next appointment.

Thank You

Estimados Padres/Guardian:

Ya que su niño(a) ha sido aprobado para obtener tratamiento de ortodoncia es necesario que un dentista lo examine y trate las caries y otros problemas dentales que pueda tener. Una vez terminado el tratamiento, pídale a su dentista que llene y firme la parte inferior de esta página. Retorne esta forma a la oficina del Dr. Robert W Bruno.

Gracias

Please remember, orthodontic treatment cannot begin until this form is completed and returned to our office.

All dental work has been completed for:

_____ *patient's name* _____ *date of birth*

_____ *signature of dentist* _____ *date*

_____ *address* () _____ *telephone #*

Kindly inform us of any special factors (dental, medical or otherwise) that might be significant in the diagnosis, treatment and prognosis of this case.