



Dear Patient,

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

Thank You

Estimado Paciente,

Ya que el tratamiento de ortodoncia fue aprobado es necesario que un dentista le examine y trate las caries y otros problemas dentales que pueda tener. Una vez terminado el tratamiento, pidale a su dentista que llene y firme la parte inferior de esta pagina. Retorne esta forma a la oficina de 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.