



Dear Parent/Guardian:

Prior to the placement of orthodontic appliances, it is necessary to have all dental work completed. We ask that you schedule an appointment for your child with their *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

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.***

