



Harry L. Dougherty Jr., D.D.S., M.S.
ORTHODONTICS EXCLUSIVELY

Diplomate American Board of Orthodontics

Guidelines for Adult Orthodontic Referral

In order to serve your **Adult** patients better, we request that you send us some basic information when you make a referral for assessment and treatment. Please fill out both sides of this form and mail or fax (818) 986-6244 it to our office. Once we have received this form we will know how to schedule your referral for evaluation and consultation.

Patient's Name: _____ ***Date:*** _____

Patient's Chief concern:

Please describe why this adult is seeking orthodontic treatment (improved esthetics, improved function, bite issues etc.)

Dentist's concern:

Please describe what you want to accomplish with orthodontic treatment. Include any functional concerns you have.

Overall restorative treatment plan:

If this patient's orthodontics is to be treated in conjunction with restorative treatment, please provide me with an outline of your final restorative goals and which teeth you plan to restore or replace. Please indicate if you want space opened or closed and where.

Periodontal assessment:

Please let me know your recent periodontal assessment and if there are any specific areas of concern. Has this patient been under regular periodontal care and periodontally stable? Are there areas of specific periodontal concern? If needed, what periodontist would you like you patient referred to? Please include a copy of the most recent periodontal probings and indicate their recall schedule.

Additional dental specialist referrals:

Please list other dental professionals that you would prefer to work with regarding this patient;

Periodontist: _____

Endodontist: _____

Oral Surgeon: _____

Finally, please forward the patient's periodontal probings, and most recent radiographs. (We will scan the radiographs and return them to your office promptly.)

If you have any questions regarding referrals or specific information we need to schedule your patient, please call my office and contact my treatment coordinator, Ms. Sarah Ortega at (818) 986-6223 or at treatmentcoordinator@doughertyortho.com.

Thank you for your time and efforts in providing me with this information.

Sincerely,



Harry L. Dougherty Jr., D.D.S., M.S.

