

Orthodontic Evaluation Form



Dentistry & Orthodontics

A Smile 4 U Cartersville
509 N Tennessee St Ste 107
Cartersville, GA 30120

Ph : (770) 407-8700
Email: as4u_cv@asmile4u.com

Teresa Neece
12 Russle Ridge
Euharlee, GA 30145

Orthodontic Evaluation for:

GUMS & TISSUE: JAW PROBLEMS:

- Gingivitis (reversible inflammation) Deepbite/Openbite
- Periodontitis (some bone loss) Narrow Palate/ Mandible
- Gingival Cleft Retrognathia (back)
- Short Tongue Fernum Prognathia (forward)
- Midface Deficiency

HABITS: Vertical Growth

- Finger Sucking Asymmetry
- Mouthbreathing TMJ Abnormality / Disorder
- Poor Lip Seal
- Bruxism / Grinding/ Clenching Teeth:
- Crowding / Spacing

FACIAL ESTHETICS: Malalignment

- Midface Deficiency Malocclusion
- Gingival (Gummy) Display Supraocclusion
- Abnormal / Chipped Teeth
- Hypoplatie Enamel

TREATMENT FEES:

- \$ _____ Usual & Customary Fee before any Discount
- \$ _____ Your Treatment Fee
- \$ _____ Less Estimated Insurance
- \$ _____ Patient Portion (5% savings if paid in full)
- \$ _____ Monthly Fee for 24_ Months

No records fee if treatments started today.

- * 1st payment due at start of treatment
- * 2nd payment automatically drafts
- * 0% interest with electronic draft payments
- * Records additional \$295

Mini Metal Braces - included

Self-Ligating (SL) Braces - included

Porcelain Self-Ligating (SL) Braces –
\$20 per month for Upper Porcelain

This quotation is for ___Full Treatment ___Limited Treatment or ___Preliminary Phase-One Treatment
Estimated Treatment time: 18 months. Bleach will be provided upon completing treatment to whiten your smile.
This is not an agreement – only certification you have received the above information.