

# Cl<sup>o</sup>ver's FIRST AND ONLY Orthodontic Practice

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
AGE

REFERRED BY:

**Please evaluate the following concern(s) and treat as necessary:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Developing Malocclusion | <input type="checkbox"/> Limited Treatment         | <input type="checkbox"/> Possible Extraction(s) |
| <input type="checkbox"/> Habit Control           | <input type="checkbox"/> Invisalign®               | <input type="checkbox"/> T.M.J. Evaluation      |
| <input type="checkbox"/> Impaction(s)            | <input type="checkbox"/> Determining Ideal Tx Time | <input type="checkbox"/> Possible Surgery       |
| <input type="checkbox"/> Space Maintenance       | <input type="checkbox"/> Missing Tooth/Teeth       | <input type="checkbox"/> Other _____            |

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



803-653-6979  
[www.cloverortho.com](http://www.cloverortho.com)

Hickory Log Dr

Currence Rd

Century Dr.



HIGHWAY 557

Shell  
Gas Station

STATE HIGHWAY 55 E

Ole Cambridge Cir

Clover  
High School

## Our Location

1474 Highway 55 E • Suite 200  
Clover, South Carolina 29710



803-653-6979

[www.cloverortho.com](http://www.cloverortho.com)