Westlake Family Orthodontics

Travis Tomblyn, DDS, MS
Jen Tomblyn, DDS, MS

Patient's Name _____ **Date** _____

Referring Dr. _____ **Telephone #** _____

Areas of concern: (check all that apply)

- ❑ crowding
- ❑ spacing
- ❑ overjet
- ❑ overbite
- ❑ crossbite
- ❑ other _____
- ❑ molar uprighting
- ❑ impacted teeth
- ❑ missing teeth
- ❑ space maintenance
- ❑ TMJ

Restorative treatment:

- ❑ no pending treatment
- ❑ patient has pending treatment
- ❑ patient has clearance to start orthodontic treatment

Comments: _____

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