STEVE WONG, D.D.S., M.S.

Practice Limited to Orthodontics

LAST	FIRST	MI	MODEL NO.	DATE

PATIENT LIKES TO BE CALLED	D.O.B.	SEX	HOME PHONE	WORK PHONE	CELL PHONE

ADDRESS
STREET | CITY | STATE | ZIP

IF STUDENT, SCHOOL NAME | IS PATIENT? S M SEP D W | E-MAIL ADDRESS

TEXT MESSAGE REMINDER: ☐ YES ☐ NO
E-MAIL REMINDER: ☐ YES ☐ NO
☐ NO REMINDERS

IF PATIENT IS A MINOR (MOTHER) | (FATHER) | HOBBIES & INTERESTS

FAMILY DENTIST	PHONE	LAST PROPHYLAXIS (CLEANING)	WHO REFERRED PATIENT

PHYSICIAN | PHONE

PERSON(S) RESPONSIBLE FOR ACCOUNT	PERSON(S) RESPONSIBLE FOR ACCOUNT
LAST / FIRST / MI	LAST / FIRST / MI
STREET / CITY / STATE / ZIP	STREET / CITY / STATE / ZIP
HOME PHONE / WORK PHONE / BIRTHDATE / RELATIONSHIP TO PT. M F S O	HOME PHONE / WORK PHONE / BIRTHDATE / RELATIONSHIP TO PT. M F S O
EMPLOYER'S NAME / SS#	EMPLOYER'S NAME / SS#
STREET / CITY / STATE / ZIP	STREET / CITY / STATE / ZIP
DENTAL/ORTHODONTIC INSURANCE COMPANY NAME	DENTAL/ORTHODONTIC INSURANCE COMPANY NAME
STREET / CITY / STATE / ZIP	STREET / CITY / STATE / ZIP
PHONE / SUBSCRIBER I.D. / GROUP OR LOCAL NUMBER	PHONE / SUBSCRIBER I.D. / GROUP OR LOCAL NUMBER

MEDICAL ALERT | ALLERGIES:

CHIEF CONCERN:

TEETH PRESENT

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	e d c b a	a b c d e
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	e d c b a	a b c d e

OVERBITE: SLIGHT OPEN
NORM X-BITE E-E DEEP ____ % ____ MM

DIAST: ____ MM | OVERJET: ____ MM

MIDLINES: MX MN

CURVE OF SPEE: SLIGHT MOD SEVERE REVERSE

CURVE OF WILSON: SLIGHT MOD SEVERE REVERSE

MAX CROWDING: ____ MM
NORM SLIGHT MOD SEVERE SPACES

MAND. CROWDING: ____ MM
NORM SLIGHT MOD SEVERE SPACES

MAX ARCH FORM: TAPER OVOID SQUARE EURO

MAND ARCH FORM: TAPER OVOID SQUARE EURO

FRENUM: MX: MN:

HABITS: THUMB CLENCH BRUX FINGER MOUTH BREATHE

SLEEP: WAKE ____/____ SNORE N/A TONGUE SCALLOP COAT

DENTAL CLASSIFICATION	I	II	III	DIV. I	II
SKELETAL CLASSIFICATION	I	II	III		

RIGHT MOLAR: | LEFT MOLAR:
RIGHT CUSPID: | LEFT CUSPID:

FACIAL TYPE:	MESO-	BRACHY-	DOLICO	
PROFILE:	CONVEX	STRAIGHT	CONCAVE	
MAXILLA:	NORM	PROT	RET	
MANDIBLE:	NORM	PROT	RET	
CHIN:	NORM	PROT	REC	
E-LINE:	+	ON	–	
NASOLABIAL:	OBTUSE	90	ACUTE	
GROWTH:	CONSIDERABLE	SLIGHT	NONE	
T & A:	PRESENT	REMOVED		AGE
VME:	NORM	SLIGHT	MOD	SEVERE

SIGHTS OF CROWDING

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

CROSSBITES

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

ATTACHMENT: NORM INADEQUATE

RECESSION LOCAL GENERAL

PERIO: NORM INFLAMED

CARIES: | CROWNS:

CR/CO ON SHIFT ____ MM ____ PREMATURITY

WEAR: LOC GEN SL MOD SEV

OH:

NOTES:

TMJ	R	L
MUSCLE PAIN		
CLICK/POP		
CREPITUS		
LOCK		
MN. OPENING DEV.		
MAX. OPENING		
LATERAL MOVEMENT		

TX LENGTH/FEE

1ST PHASE	MONTHS	FEE
2ND PHASE	MONTHS	FEE
PHASE	MONTHS	FEE

RETENTION
MX. MN.