



paradigm  
orthodontics

**Dr. Andrew Emanuele**

BSc, DDS, MCID, FRCD(C)  
Board Certified Specialist in Orthodontics

**Request for complimentary consultation**

Date: \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

**For the orthodontic evaluation of:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crowding      | <input type="checkbox"/> Spacing        | <input type="checkbox"/> Crossbite                   |
| <input type="checkbox"/> Overbite      | <input type="checkbox"/> Deep Bite      | <input type="checkbox"/> Underbite                   |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impacted Teeth | <input type="checkbox"/> Early Or Late Loss Of Teeth |
| <input type="checkbox"/> Facial Growth | <input type="checkbox"/> Oral Habit     | <input type="checkbox"/> Pre-Prosthetic Needs        |
|  |   | <input type="checkbox"/> Other                       |

**Comments:** \_\_\_\_\_

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