



WB ORTHODONTICS
WE TAKE YOUR SMILE PERSONAL

Wakeshi Benson, DDS, FADI

Date: _____ Patient Phone No.: _____

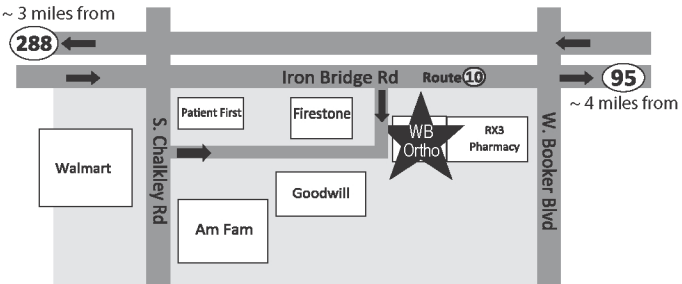
Patient Name: _____ Age: _____

Referring Doctor: _____ Phone No.: _____

Recommended for Orthodontic Evaluation of:

- | | |
|--|---|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing |
| <input type="checkbox"/> Cross Bite | <input type="checkbox"/> Deep Bite |
| <input type="checkbox"/> Under Bite | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impacted Teeth |
| <input type="checkbox"/> Open Bite | <input type="checkbox"/> Facial Growth |
| <input type="checkbox"/> Delayed Exfoliation | <input type="checkbox"/> Oral Habit |
| <input type="checkbox"/> Premature Loss of Primary Teeth | <input type="checkbox"/> Pre-Prosthetic Needs |
| <input type="checkbox"/> Other _____ | |

Comments: _____



12230 Iron Bridge Road • Suite B • Chester, VA 23831
P (804) 404-3804 • F (804) 482-2489
www.wb-orthodontics.com – For website directions

