



# Smile Today Orthodontics

Specialists in Orthodontics and Dentofacial Orthopedics for Children and Adults  
Vincent Bilello D.D.S. - Diplomate, American Board of Orthodontics | Group Practice of Orthodontists

## General Dentist Checkup/Clearance Sheet

Glenridge Orthodontics || 65-34 Myrtle Avenue, Glendale, New York 11385, (718) 386-8728  
Smile Today Orthodontics - Garden City || 64 New Hyde Park Road, Garden City, New York 11530, (516) 265-1536  
[www.SmileTodayOrtho.com](http://www.SmileTodayOrtho.com)      [Info@GlenridgeOrthodontics.com](mailto:Info@GlenridgeOrthodontics.com)      Fax: (718) 732-2406

Your patient: Gabriella Grodzowski DOB:05/15/2005

Is being advised to visit their general dentist for a 6-month/3-month general exam and cleaning to start/continue with orthodontic treatment. It is our belief that orthodontic patients undergoing any orthodontic treatment must be seen by their general dentist every 6 months for a checkup and cleaning. **Orthodontic Patients also need to see their general dentist before orthodontic treatment is started, and all dental procedures such as fillings should be complete before orthodontic treatment is started.** These checkups should be every 6 months during orthodontic treatment and retention (after treatment has been completed). This is important for the best care of our patients to help prevent periodontal disease and unchecked cavities. **Orthodontic treatment can be discontinued by the orthodontist or general dentist at any time if the patient fails to go to their general dentist every 6 months/3-months because of a higher risk for unrecognized tooth decay and gum/periodontal disease.** In special circumstances of extreme periodontal and caries risk, patients need to be seen by their general dentist every 3 months. It is the bacteria that cause gum disease and tooth decay and it is very important for the patient to have effective cleaning regimens in place with their general dentist and home care. **Last time patient reports going to general dentist was (Circle One): < 6 Months ago | 6 Months < | One Year <**

Orthodontist's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's, please take this completed form that has been stamped by your general dentist to your orthodontist.

Stamp of General Dentist

Patient's Last Cleaning Date

Patient's Next Cleaning Date

Patient on a: 6 month recall / 3 month recall (Circle One)      Are all Dental Procedures Completed: Yes / No (Circle One)

We can remove the wire/ bracket for the patient, or make new invisalign trays to fit new crowns or restorations at any time. Please indicate which teeth require work.

Questions or Instructions from General Dentist :

\_\_\_\_\_

\_\_\_\_\_



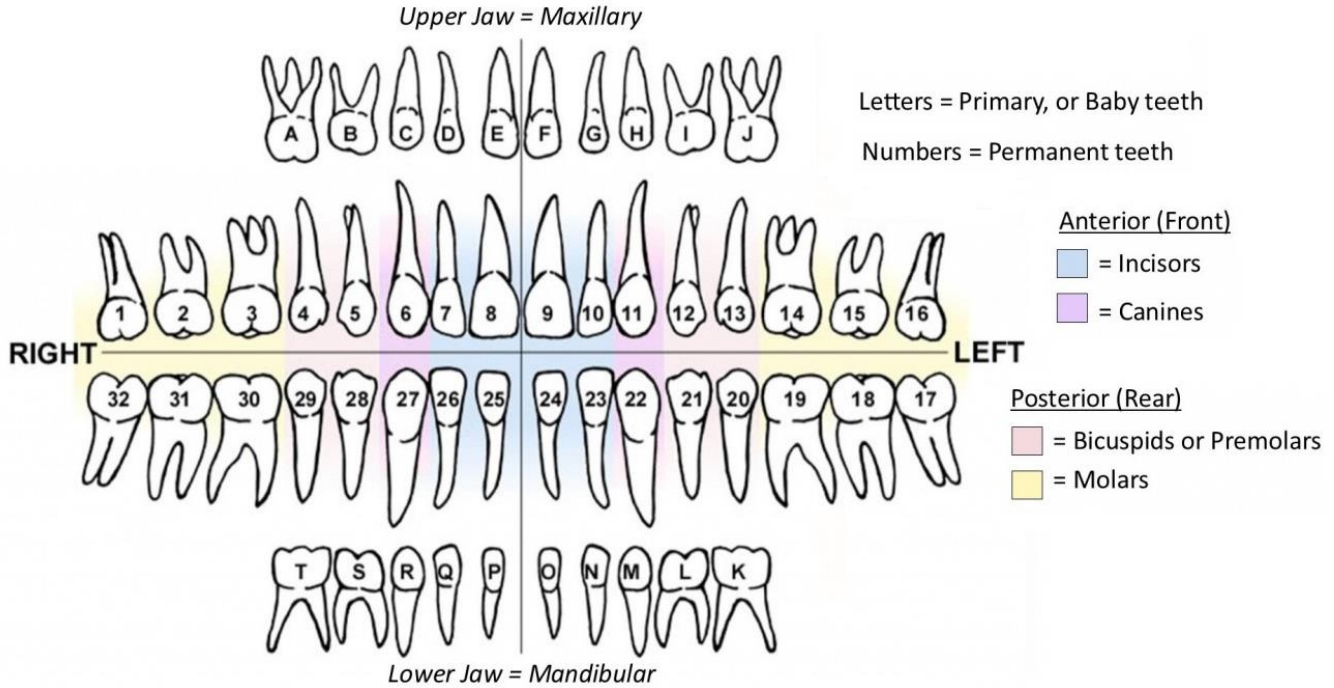
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## Referral / Procedure Request Sheet

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Patient: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_



**Extraction:** Primary teeth:  Permanent Teeth:  Supernumerary Teeth:

**Exposure:** Only Open Exposure:  Exposure and Bond Gold button w/ Chain:

**Only Evaluation of third molars:**  **Evaluation of third molars for Extraction:**

**Possible Restoration needed:**  **Printed Panoramic X-Ray given to patient:**



We will gladly email the digital X-Ray we took for best quality image analysis. If you took any x-rays please email them to us or if CBCT taken provide patient with CD-Rom with dicom files. We use dolphin imaging 3D

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If you have any questions, please call us. Thank You,