MATTHEW L. MOLITOR, D.D.S., M.S.

A PROFESSIONAL CORPORATION

— Orthodontics —

1759 Oak Avenue, Davis, CA 95616 • (530) 758-6420 • Fax 758-3856

drmolitor.com

Date_____

Patient Name_____

Phone_____

Referred by_____

Date of last prophy_____

Restorative work: ☐ Completed ☐ Required prior to orthodontic treatment

☐ Required following orthodontic treatment

Periodontal status: ☐ Stable, okay to start orthodontic treatment

☐ Needs periodontal clearance prior to starting orthodontic treatment

Periodontist_____

Additional information_____

*Please return this form to:

office@drmolitor.com

We will request x-rays once the patient is scheduled.

Thank You!