## **Tingrinners Club Jamaica**

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## **ADULT ORTHODONTIC CONSULTATION**

Name:	
Date of Birth:	
Address:	
Phone (Home):	(Cellular):_
E-Mail:	
Occupation:	
Place of Employment:	
Business Phone:	
Spouse's Name:	
Occupation:	
Bus. Phone:	
General Dentist:	
Last Visit:	
Physician:	
Who referred you to this office?	
Who will be responsible for this	account?
Address (if other than the above	):
Employed by:	
Do you have dental insurance th	nat may provide orthodontic benefits?
In your own words, what is the p	roblem?

## MEDICAL AND DENTAL HISTORY (This information is confidential and for our use

?

- Any other health problems? .....
- Any special concern about undergoing orthodontic treatment? .....