



305 Boler Rd.  
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N6K 2K1  
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relax@riverparkdental.ca

### INVISALIGN REFERRAL

Patient: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Last First M D Y

Preferred Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Benefit Company: \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_/\_\_\_/\_\_\_

Subscriber Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Secondary Benefit Company: \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_/\_\_\_/\_\_\_

Subscriber Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### PATIENT'S ORTHODONTIC CONDITION

Classification of Malocclusion: I II-0 II-1 II-2 III Rt. Lt.

Overjet: \_\_\_\_\_ mm Overbite: \_\_\_\_\_ %

Missing Teeth: \_\_\_\_\_ Congenital: \_\_\_\_\_ Extracted: \_\_\_\_\_

Oral Hygiene:  Poor  Good  Excellent

Patient Motivation:  Excellent  Good  Poor  Unknown

Records:

- Periapical Radiographs  Digital Images
- Panoramic Radiographs  No Records
- Cephalometric Radiographs  Other \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Referring Office: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_