ONE SMILE
ORTHODONTICS

Nitika Mittal, DDS, MSD

Specialist in Orthodontics and Dentofacial Orthopedics

▷ Reason for Referral (check all that apply):

- ☐ Early Intervention/ Phase I evaluation
- ☐ Crowding
- ☐ Spacing
- ☐ TMJ Disorders
- ☐ Missing Teeth
- ☐ Orthognathic Surgery
- ☐ Pre-Prosthetic Treatment/Interdisciplinary
- ☐ Crossbite
- ☐ Impacted Teeth
- ☐ Space Maintenance
- ☐ Sleep Disordered Breathing
- ☐ Other:____________________

▷ Restorative Treatment:

- ☐ Is Completed
- ☐ Is Pending an orthodontic treatment plan
- ☐ Is underway and will be completed by ____________________
- ☐ Recent Panoramic Radiograph is available, please give us a call.

▷ ☐ Please call me to discuss this case prior to starting treatment

Referring Doctor:____

Phone:______________________________ Date: ____________

▷ Introducing: ______________________

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▷ Remarks: ______________________

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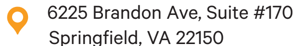
Please call us to schedule your appointment:



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PLEASE BRING THIS FORM TO YOUR APPOINTMENT