

**WELCOME TO OUR OFFICE**

Patient's Name: \_\_\_\_\_

Previous Orthodontist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone Number:(\_\_\_\_\_) \_\_\_\_\_

Reason(s) for treatment: \_\_\_\_\_

Treatment started (month, year): \_\_\_\_\_

Original estimated time to complete treatment: \_\_\_\_\_

Were permanent teeth extracted? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Did you wear or are you wearing a headgear, elastics, or a removable appliance? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Treatment progress (check one): \_\_\_ ahead of schedule \_\_\_ on schedule \_\_\_ delayed

Total treatment fee: \_\_\_\_\_

Orthodontic insurance (list company name and coverage): \_\_\_\_\_

Initial Fee: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Amount paid to date: \_\_\_\_\_

We would appreciate any comments or concerns to help us in continuing the orthodontic care.

\_\_\_\_\_  
\_\_\_\_\_

Thank you very much,  
DR. LILI K. HORTON