

 **Vacaville**  
290 Alamo Dr., Suite B  
(707) 448-6271

 **Fairfield**  
1291 Oliver Rd.  
(707) 426-5944

 **doctor@rothortho.com**  
 **rothortho.com**

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PATIENT TEL:** \_\_\_\_\_

**IF MINOR:** Age: \_\_\_\_\_ **Responsible Party:** \_\_\_\_\_  
Relationship: \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**AREAS OF CONCERN:**

- Crowding     Impacted Tooth     Overjet     Overbite  
 Spacing     Space Maintenance     Molar Uprighting     Crossbite  
 Other: \_\_\_\_\_

**PATIENT STATUS:**

- Patient is ready for orthodontic treatment  
 Patient still has other dental treatment that needs completing  
Patient  does  does not have active periodontal disease (adults)

**COMMENTS:**

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

 If available, please send copy of current pano to **doctor@rothortho.com**

 Please fax copy of this referral to **(707) 448-4742**

