



ONSHORE ORTHODONTICS

Dr. Hayley Woolfson

Dr. David Dubiner

office@onshoreorthodontics.com

Introducing _____ DOB _____

Phone _____

Referred by _____

Please evaluate for:

☐ Crowding

☐ Surgical Orthodontics

☐ Spacing

☐ Impacted Teeth

☐ Crossbite

☐ Early Interceptive Treatment

☐ Occlusion

☐ Habit (thumb, tongue, etc.)

☐ Other _____

Comments _____

☐ Cleared for orthodontic treatment

☐ Patient has pending dental work

details _____

D.D.S./D.M.D.

Date

Please bring this form to your appointment

(904) 849-4500

www.onshoreorthodontics.com

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