Kenora Smiles
Dentistry and Beyond

605 Fourth Street, Keewatin ON P0X 1C0

Phone: 807-57-SMILE Fax: 807-577-8222

kellie@kenorasmiles.com

www.kenorasmiles.com

Referral for Orthodontic Assessment

Patient Name: _____ _ Date of Birth: _____

Address: _____ Home Phone: _____

City : _____ Postal Code: _____ Cell Number: _____

Email Address: _____ Parent/Guardian: _____

Date:_____ Referring Dentist: _____

Areas of Concern (Check all that apply)

__ General Orthodontic Evaluation __ Crossbite __ Crowding __ Spacing

__ Impacted Teeth __ Overjet __ Overbite __ Open Bite __ Other

__ Recent Panoramic Radiographs available

Relevant Health Information: _____

Insurance Information:

Subscriber:_____ Ins Co. _____

DOB _____ Policy # _____ ID/Cert # _____

Dr. R. Bruce McFarlane
Certified Specialist in Orthodontics
Fellow: Royal College of Dentists of Canada
Diplomate: American Board of Orthodontics