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## Pre-Orthodontic Cavity Clearance

Dear Dr. \_\_\_\_\_,

\_\_\_\_\_ will be starting orthodontic treatment on \_\_\_\_\_.

- Date of Last Cleaning \_\_\_\_\_
- Date of Last Dental Examination \_\_\_\_\_
- All necessary pre-orthodontic dental work is complete. It is permissible to begin treatment.
- The following dental work needs to be completed prior to starting orthodontics:  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form via FAX (408) 377-9143 or email to [info@jyortho.com](mailto:info@jyortho.com) before the next appointment at our office.**

**\*\*For adults, please include their periodontal charting\*\***

Thank you so much!!