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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 before the next appointment at our office.

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

Thank you so much!!