



LODI ORTHODONTICS

YANG CHAI, DDS, MS



Specialist in Orthodontics for Children and Adults

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Patient Name: _____ DOB: _____

Referring Provider: _____ Date: _____

Office Phone Number: _____

Reason For Referral:

- ☐ General Orthodontic Consultation
- ☐ Interceptive Orthodontics (Early Pre-Adolescent)
- ☐ Surgical Orthodontic Treatment
- ☐ Airway Focused Orthodontics
- ☐ Restorative/Prosth/Perio/Endo Focused Orthodontics
- ☐ Problem Focused Orthodontics
 - ☐ Crowding / Spacing
 - ☐ Overbite / Open Bite/ Underbite/ Crossbite
 - ☐ Overjet / Protrusion/ Impinging Bite
 - ☐ Missing Teeth / Supernumerary Teeth
 - ☐ Impacted teeth
 - ☐ Oral Habits/ Tongue Thrust/ Thumb Sucking
 - ☐ Bruxism/ Mouth Breathing
 - ☐ Narrow Arch Form/ Space Loss
 - ☐ Supra-Eruption/Delayed or Failure to Erupt
 - ☐ Trauma/Splint/Extrusion/Intrusion

Comments:
