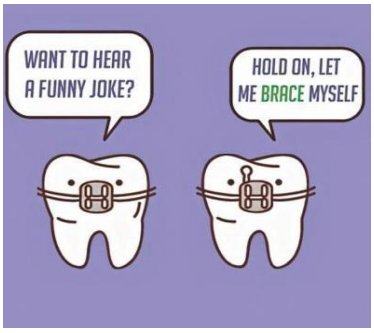
PLEASE WRITE LEGIBLY AND COMPLETE YELLOW HIGHLIGTED AREAS ☺



Inner Smiles
Bentele Orthodontics

1) PATIENT INFORMATION

Last: _____, First: _____, MI: ___ I prefer to be called: _____
Street_____ City_____ Zip_____
Birth Date _____/_____/_____ Age: ____ Gender ID_____ School_____
Email address _____
Home # (_____)-_____-_____ Cell # (_____) _____-_____ Work # (_____) _____-_____
How did you hear about this office? _____
Emergency contact name: _____Relationship: _____Phone # (_____) _____-_____
Parents' Names (if child): Mother _____ Father: _____

2) FINANCIAL INFORMATION

Person financially responsible for this account: ☐ Self ☐ Parent; ☐ Other Party; Name: _____
Billing address if different from custodial parent:
Street_____City_____Zip_____
Dental Insurance Company: _____ (What state if Delta Dental ____) Policy#_____
Primary Insurance Policy Holder Name: Last: _____, First_____, MI: ___
Primary Insurance Policy Holder Full Social Security: _____-_____-_____ (for insurance/payment plans)
Primary Insurance Policy Holder Date of Birth _____/_____/_____
Primary Insurance Policy Holder Employer: _____
Secondary Insurance? ☐Yes ☐No; Details: _____
***Medicaid ID Number _____**

3) PROFESSIONAL INFORMATION

General Dentist's or Dental office name: _____
Previous Orthodontist? ☐Yes ☐No
Orthodontist name_____ Phone#_____
Any allergies, chronic health problems or behavioral issues? _____
Primary orthodontic concern? _____

4) ORTHODONTIC TREATMENT NEEDS DATE _____/____/202___

Dentition Stage: Early - Mixed – Late - Adult Growth phase: ☐pre ☐peak ☐post ☐complete

Missing Teeth or Imp	R		L	Overjet	WNL	Excess __ mm	Under __mm	
				L Molar: I, E, II, III		R Molar: I, E, II, III	Skeletal: I, II, III	
Crossbites	R		L	Crowding	Max	WNL	Space	Crowding ≤3 6 9
					Man	WNL	Space	Crowding ≤3 6 9
Vertical Bite	% deep	mm open	Dental	Skeletal		OH Score	1 2 3 4 5	

Notes:_____
Probable Treatment Plan:_____
Appt for: ☐ Limited Records ☐ Comprehensive Records **or** ☐Recall Mo _____Yr 202_
Est Mos Tx: _____☐Phase 1 - ☐8020 ☐8070; / ☐ Phase 2 - ☐Limited ☐Comp; ☐Porcelain
☐Aligners; ☐ Hybrid - fixed ___mos ☐U/☐L; Aligners ___mos ☐U/☐L

special

TX Card Complete ☐

Mark J. Bentele, DDS, MS
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