

Uptown Barrie Orthodontics

Dr. Scott MacGregor

Date *



Month Day Year

Patient Name *

First Name Last Name

Parent/Guardian Name

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number (primary) *

Area Code Phone Number

Phone Number (secondary)

Area Code Phone Number

Email

example@example.com

Referring Doctor *

Prefix First Name Last Name

Doctor's Email *

example@example.com

Concerns *

Class I	Class II	Class III	
Crowding		Spacing	
Excessive Overjet		Excessive Overbite	
Missing Teeth		Extra Teeth	
Impactions		Ectopic Eruption	
Crossbite	Anterior	Open Bite	Anterior
	Posterior		Posterior

Habits

Thumb	Finger	Throat Thrush
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Prosthetic

Extrusion	Uprighting	Other
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Orthodontic

Surgery	Clear Braces	Invisalign
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RADIOGRAPHS AVAILABLE

Date



Month Day Year

Type a question

Booked	Call Patient	Patient to call
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Comments