

MONADNOCK ORTHODONTICS

Specialists in Orthodontics for Children & Adults

Paras M. Gosalia, DDS

Diplomates, American Board of Orthodontics

166 Hancock Rd
Peterborough, NH 03458
Tel: 603-924-3040
Fax: 603-924-8502

Jaffrey Prof. Center
123 Main Street
Jaffrey, NH 03452
Tel: 603-532-4447

Town Hill Building
670 Turnpike Road (Rte 124)
New Ipswich, NH 03071
Tel: 603-878-3001

Web: www.bracesNH.com

Email: drparas@bracesNH.com

Patient's Name: _____

Patient's Tel #: _____ Date: _____

PLEASE EVALUATE PATIENT FOR:

- | | |
|---|--|
| <input type="checkbox"/> General Ortho Evaluation | <input type="checkbox"/> Facial Growth/Orthopedics |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Minor Tooth Movement |
| <input type="checkbox"/> Pre-prosthetic Alignment | <input type="checkbox"/> Orthognathic Surgery/TMD |

PATIENT'S CONCERNS:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Crowding | <input type="checkbox"/> Spacing | <input type="checkbox"/> Overjet |
| <input type="checkbox"/> Overbite | <input type="checkbox"/> Openbite | <input type="checkbox"/> Crossbite/Underbite |
| <input type="checkbox"/> Habit | <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impaction(s) |

RADIOGRAPHS:

- | | |
|---|--|
| <input type="checkbox"/> X-rays have been given to pt | <input type="checkbox"/> Please take panoramic x-ray |
| <input type="checkbox"/> Please return x-rays | <input type="checkbox"/> X-rays have been mailed |
| | <input type="checkbox"/> Send a copy of x-rays |

Comments: _____

Send New Referral Pad

Referring Doctor: _____

invisalign

iBraces
invisible braces that make you smile


Member
American Association of
Orthodontists