JANZEN, JANZEN & CHWA, ORTHODONTICS, LTD. 1220 Meadow Road Northbrook , Illinois 60062

Patient's Name			Ho	ome Phone #
(Last)	(First)			
Birth Date	Age	Male	Female	Marital Status
Home Address		City		Zip Code
Occupation			Busines	s Phone #
Spouse's Name	Оссир	ation		Bus. Ph. #
Family Dentist	Addre	ess		
By Whom Were You Ref	erred To Our Office ?			
Family Members in Treat	tment (Past or Present)			
Orthodontic Insurance?	Yes No Name a	ınd Addres	s of Insurance	Company:
		Yes	· •	No
Are you in good I	health?	100	'	10
Under the care o				
Presently taking				
Do you have any				
Frequent				
•	s (Aspirin, Penicillin)?			
	s or fainting?			
	able reaction to dental care?			
	s orthodontic treatment?			
				
Injury to				
	ntal (gum) problems?			
	MD symptoms?			
	nsils & adenoids been removed?			
	puble, diabetes, asthma, tuberculo			
	or liver disease or any other disord	er?		
If so plea	ase outline:			
Please check any habit(s	s) von have:			
Please check any habit(s	b) you nave. ling of Teeth	Mouth Br	eathing	
Lip Bi	iting	Tongue E		
Lip Bi	Biting	Finger / T	humb Sucking	
INdii E			Harris Sucking	
Additional Comments:				
_				
Data:		Sign	aturo:	

Name																Date	e				
Angle Class:	ass: Molar R Molar L .								Cuspid R Cuspid L												
Teeth Preser Missing / Ext	nt or racted	R _	8	7	6	<u>5 4</u> 5 4	3	2	1		1	2	3	4	5	6	7	8	L		
Overbite		Ove	erjet .			l	_owe	r incis	sors ir	npin	ging				O	penl	oite .				
Arch Form: Maxillary Mandibular																					
Arch Length: Maxillary																					
Midline:	Upper sh	ift to	Left	/ Rig	jht					1	Lowe	er sh	nift to	Lef	t / Ri	ght .					
Crossbite										. Fu	ınctio	onal	Shif	t							
Central Diastema Missing Teeth																					
Attrition								<i>F</i>	Abrasi	on											
Probing	T T	- 6	<u> </u>		3	1			<u>1</u> 1		3		<u>6</u>			T					
Profile					Smile	e						Oı	ral H	ygieı	ne						
Habits	Mouthbreathing																				
TMJ Sympto	ms																				
Remarks and Treatment Suggestions:																					
Time Estimate:																					
Fee Total					Ir	nitial F	avme	ent .							Ma	onth	v				