

**ORTHODONTIC TRANSFER FORM
 PATIENT IN ACTIVE TREATMENT
 NAVMED 6630/6 (1-81)**

I. REFERRAL ACTIVITIES		DATE
TO:	FROM:	

II. PATIENT IDENTIFICATION

PATIENT'S NAME -- LAST, FIRST, MI	PATIENT'S AGE
LEGAL GUARDIAN/SPONSOR'S NAME -- LAST, FIRST, MI	
SPONSOR'S HOME ADDRESS	

III. CASE ANALYSIS

TREATMENT PLAN

ORIGINAL ACTIVE TREATMENT TIME ESTIMATE	APPLIANCE
VARIATIONS: <input type="checkbox"/> TORQUE <input type="checkbox"/> SLOTS <input type="checkbox"/> ANGLE <input type="checkbox"/> OTHER _____	
BANDS AND/OR BRACKETS:	DATE CEMENTED CEMENTING MEDIUM
CURRENT ARCHWIRE SIZES:	UPPER LOWER
HEADGEAR: TYPE	HOURS REQUESTED
REMOVABLE APPLIANCE: TYPE	HOURS REQUESTED
INTRAORAL ELASTICS:	SIZE AND MAKE HOURS REQUESTED
	FORCE DIRECTION FORCE VALUE

IV. PATIENT COOPERATION

ORAL HYGIENE

HEADGEAR

ELASTICS

APPOINTMENTS

PATIENT ATTITUDE TOWARD TREATMENT

SUGGESTIONS FOR PATIENT MOTIVATION

V. GENERAL REMARKS

PROGRESS TO DATE

RECOMMENDATIONS FOR FURTHER TREATMENT AND/OR ADDITIONAL COMMENTS

VI. FINANCIAL CONTRACT	VII. TRANSFER OF RECORDS <i>(Check those applicable)</i>
FEE	NO RECORDS WERE OBTAINED <input type="checkbox"/>
HOW ARRANGED	RECORD FORWARDED UNDER SEPARATE COVER <input type="checkbox"/>
THIRD PARTY PAYMENT	CONTACT OUR OFFICE AFTER PATIENT ARRIVES AND WE WILL FORWARD RECORDS <input type="checkbox"/>
TOTAL PAID BEFORE TRANSFER	OUR RECORDS INCLUDE:
UNPAID AMOUNT STILL OWED TRANSFERRING OFFICE	MODELS <input type="checkbox"/> CEPHALOGRAMS <input type="checkbox"/> TRACINGS <input type="checkbox"/>
AMOUNT REFUNDED TO PATIENT <i>(If any)</i>	INTRAORAL RADIOGRAPHS <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/>
	REFERRAL PHOTOGRAPHS <input type="checkbox"/> FACIAL PHOTOGRAPHS <input type="checkbox"/>