

REFERRING  
DOCTOR:

TEL:

PATIENT:

DATE:

AGE:

GENDER:

TEL:

WORK TEL:

EMAIL:

## SCHEDULING

SEATTLE LOCATION

509 OLIVE WAY, SUITE 840  
SEATTLE, WA 98101

P: (206) 623-2192

E: SMILESEATTLE@INSPIREDORTHO.COM

BELLEVUE LOCATION

1200 112TH AVE NE, SUITE B-200  
BELLEVUE, WA 98004

P: (425) 453-0551

E: SMILEBELLEVUE@INSPIREDORTHO.COM

PATIENT WILL CALL TO SCHEDULE

PLEASE CALL PATIENT TO SCHEDULE AN APPOINTMENT

DATE OF LAST CLEANING \_\_\_\_\_

## AREAS OF CONCERN

UNDERBITE

OVERBITE

CROSSBITE

CROWDING

SPACING

AIRWAY / SLEEP

IMPACTED TOOTH

PRE-RESTORATIVE

JAW SURGERY

OTHER \_\_\_\_\_

## RESTORATIVE TREATMENT

IS COMPLETED

IS UNDERWAY

IS PENDING OUTCOME OF ORTHODONTIC FINDINGS

## XRAYS

FMX AVAILABLE  
DATE: \_\_\_\_\_

PANORAMIC AVAILABLE  
DATE: \_\_\_\_\_

CBCT AVAILABLE  
DATE: \_\_\_\_\_

## PREFERRED DOCTOR

## COMMENTS

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SLEEP,  
BREATHE,  
SMILE

LIFE CHANGING  
CARE

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- TWO CONVENIENT LOCATIONS -

**SEATTLE**

509 Olive Way, Suite 840  
Seattle, WA 98101

p: (206) 623-2192

e: [SmileSeattle@inspiredortho.com](mailto:SmileSeattle@inspiredortho.com)

**BELLEVUE**

1200 112th Ave NE, Suite B-200  
Bellevue, WA 98004

p: (425) 453-0551

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