



Southern Orthodontic Specialists, P.C.

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Form with fields for Patient, Date of Birth, Home Address, School Attending, Father, Mother, and Guardian information.

Form with fields for Orthodontic Insurance, Patient's Regular Dentist, and referral information.

Form with fields for patient health status: Is the patient in good health?, Any major or unusual illnesses?, etc.

Form with multiple columns for medical history: Anemia, Hepatitis, Endocrine Problems, etc.

Form with fields for family history: Names and ages of brothers and sisters, orthodontic treatment history.

Form with fields for patient history: Clenching teeth, Grinding teeth, Headaches, Muscular soreness.

Form with fields for additional information: Any other helpful information, Signature of patient, Med. History Updates.