



Midleton Orthodontics

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(N25/Midleton Roundabout)
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Many thanks for your enquiry at the website.

As part of the Free Initial Consultation offer please download, print and complete this registration form. Bring the completed form to your free consultation which may be booked by phone or by sending an email from the website.

You should not consider this appointment as an alternative to a check-up appointment with your general dentist. It will only deal with matters relating to alignment and crowding of your teeth. You should maintain your regular appointment with your general dentist with regard to decay and other oral diseases.

Your free initial consultation will discuss your concerns about orthodontic treatment. It will include an initial examination and discussion about possible treatment, whether orthodontic treatment is suitable and at what time, types of braces, the approximate length and cost of treatment. Please also explore the website for further orthodontic information.

Should you wish to have a definitive diagnosis and treatment plan, a further appointment will be required for complete records, involving x-rays, photographs, and study models. A report detailing exact treatment, cost and payment options will be provided once these records are obtained. You will be advised as to the cost involved for these records should you wish to proceed at the initial consultation.

If the initial appointment is for your child, it may be more informative if an x-ray is available at the time to check for the presence and proper eruption of underlying teeth. As part of the Free Offer, an OPG x-ray at a 50% reduction of the normal adult fee can be provided. Should you subsequently require a copy of the x-ray, then the balance of the normal fee will be payable.

Please note, the "Free Initial Consultation" offer is only available for appointments booked while the offer is posted on the practice website.

A fee will be charged for subsequent consultations should you fail the initial "Free Consultation" appointment.

Patient information:

Surname First name Middle initial

Age D.O.B

Address
.....
.....

Parent/guardian's name (if applicable)

Mobile telephone number Home telephone number

Email address

Dental History:

Dentist's name Address
.....
.....

Approximate date of last visit

Regular attender.....Yes or No

Any serious dental problems?
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Any history of injury/falls involving the mouth, teeth or head?
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Play contact sports?

Any previous orthodontic treatment?
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.....

Any habits- thumbsucking, nail biting, mouth breathing, pacifier, etc.?
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Medical History:

GP'S Name Address

Surgery telephone number

Current medications

Any allergies ?

Previous surgery ?

Any history of or difficulty with any of the following ?

- Asthma or breathing
- Sinusitis.....
- Fainting or convulsions.....
- Epilepsy.....
- Excessive bleeding.....
- Hearing problems.....
- Heart problems.....
- Growth problems.....
- Hepatitis.....
- Other illnesses.....

Main reason for attending:

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Signed..... Date.....