



The Hills Smile Lab
Dr. Andrew Lee and Dr. Brian Luong

5753 E. Santa Ana Canyon Rd #K, Anaheim 92807
Ph: (714) 998-4700

General Dentistry Clearance for Orthodontic Treatment

Patient's Name: _____

Date: _____

To Our Patients: For your best dental care, you need routine cleanings and cavity checks during orthodontic treatment. Please have this form filled out by your dentist or dental hygienist and return it to us at your next visit. This report keeps us updated of your dental health.

To Dentist: I look forward to working with you in providing excellent dental care to this patient. Please do not hesitate to call should you have any questions.

Sincerely,

The Hills Smile Lab

To be completed by the General Dentist

By signing this form, I am certifying that _____ (Patient's Name) has had a Prophylactic Scaling & Polishing and General Dental exam, that the periodontal condition is clear, that all of the restorative work has been completed, and that the patient is ready for Orthodontic Treatment.

Date of Prophy

Pending Treatment

Dentist Signature

Date