



Patient: \_\_\_\_\_

Date: \_\_\_\_\_

## Dental Clearance for Orthodontic Treatment

To our Patients: For your best dental care, you need routine cleaning and cavity check during orthodontic treatment. Please have this form filled out by your dentist and return it to us at your next visit. This report keeps us updated on your dental health.

We 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 Orthodontics

### To be completed by the General Dentist

This is to certify that \_\_\_\_\_ (Patient's Name) has had a dental cleaning and exam, that all of the restorative and periodontal work has been completed, and that the patient is ready for Orthodontic Treatment.

\_\_\_\_\_  
Date of Propy

\_\_\_\_\_  
Pending Treatment

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Date

By signing this form, I am certifying that this patient's periodontal condition is clear and the patient is ready for orthodontic treatment.