



**Dr. Bart Konarski**  
H.BSc, D.D.S, Cert. Ortho

Referred By \_\_\_\_\_ Date \_\_\_\_\_

Patient's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

**I Recommend Examining This Patient For The Following**

- |                                 |                                      |                                      |
|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="radio"/> Class II  | <input type="radio"/> Deep Bite      | <input type="radio"/> Overjet        |
| <input type="radio"/> Class III | <input type="radio"/> Impacted Teeth | <input type="radio"/> Pre Prosthetic |
| <input type="radio"/> Crossbite | <input type="radio"/> Missing Teeth  | <input type="radio"/> Spacing        |
| <input type="radio"/> Crowding  | <input type="radio"/> Open Bite      | <input type="radio"/> TMD            |

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**250 Notre Dame Ave, Sudbury, ON, P3C 5K5**

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**705-671-6261**

**For The Smile Of Your Life**