

Orthodontic Report Form

- to be completed by your Specialist Orthodontist

Policy number:

Patient's name:

Date of birth:

Address:

.....

Name of Specialist Orthodontist:

Dental Health Component of IOTN

Index (IOTN) Score:

Description:

Fit Date of Appliance:

Estimated Length of Treatment (months):

Status of Existing Appliance:

Oral Hygiene Status:

Dental Health Need for Orthodontic Treatment? Yes No

Health Benefit to be gained from Orthodontic Treatment? Yes No

X



Specialist Orthodontist Signature

Date

Dental Council Specialist Registration No:

DeCare Dental Insurance Ireland DAC trading as DeCare, DeCare Dental and DeCare Vision is regulated by the Central Bank of Ireland

Get in touch

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