



**MELDRUM**  
orthodontics

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Dr. Iain Meldrum  
Dr. Chelsea Ko-Adams

## Patient Referral

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

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

### Purpose for referral:

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Crowding          | <input type="checkbox"/> Open bite   | <input type="checkbox"/> Perio-ortho concerns     |
| <input type="checkbox"/> Spacing           | <input type="checkbox"/> Crossbite   | <input type="checkbox"/> Pre-restorative concerns |
| <input type="checkbox"/> Underbite         | <input type="checkbox"/> Deep bite   | <input type="checkbox"/> Missing/Extra teeth      |
| <input type="checkbox"/> Excessive overjet | <input type="checkbox"/> Other _____ |   |

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Preventative, restorative and periodontal procedures

- No treatment required
- Treatment required: \_\_\_\_\_

### Records

- Not available     To accompany patient     Mailed separately     Enclosed
- Records Taken \_\_\_\_\_

During the examination appointment, we will discuss the extent of your orthodontic issues. We will determine whether or not correction is required, and if so, when it would be the best time to begin. Also, we will provide you with all the financial and insurance information that you may require.

A map, with our office locations highlighted, is on the reverse.  
Welcome to our practice, we look forward to meeting you.

Member of





**116A<sup>1</sup> Guelph St.  
Georgetown**



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Orangeville**