Rendon
-ORTHODONTICS-

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DENTAL EVALUATION FORM

PLEASE COMPLETE AND RETURN TO RENDON ORTHODONTICS

Patient Name: _____

	YES	NO	N/A
Was a cleaning performed?	☐	☐	
Were there any cavities present?	☐	☐	
Were all fillings completed?	☐	☐	☐

Comments: _____

_____

_____

_____

_____

Please sign this form once all treatment in your office is complete and the patient is ready to begin orthodontic treatment.

Doctor's Signature: _____

Print Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone #: _____

If you have questions regarding this patient, please feel free to contact our office at (972) 377-8844.

Dr. Maria Castano-Rendon, DDS, MSD

Dr. Juan Rendon, DDS, MSD