



BRIAN J. HOCKEL, DDS

A PROFESSIONAL CORPORATION

Introducing _____ Date: _____

Email: _____ Phone: _____

Referral courtesy of _____

Please evaluate for the following:

- Orthodontic evaluation and treatment
- Treatment for Sleep Breathing Disorders or Obstructive Sleep Apnea
- Alternatives to extractions or surgery
- Re-opening of extraction spaces
- Crozat arch development
- Preparation for restorative treatment (specify below)
- Non-retractive alignment (preserving arch sizes and tongue space)
- TMD Phase 2 orthodontics after stabilization with orthotics
- Orthotropic® Facial Growth Guidance (for airway, retrognathic growth, etc.)

Guidelines for Orthotropic® timing referral:

Evaluate ASAP.

- Age 4, 5, 6: Treat in primary dentition while incisor roots are still solid
- Age 7 and older: Treat in mixed dentition ASAP after mx laterals are in

Special Concerns: _____

Records available:

- FMX or pano
- CBCT imaging
- Diagnostic casts
- Previous orthodontic records
- Sleep study results

2651 OAK GROVE ROAD, WALNUT CREEK, CA 94598

(925) 934-3434 • FAX (925) 934-4531

www.lifedentalortho.com

admin@lifedentalortho.com