Henry D. Browning IV, D.D.S., P.A.
Orthodontics for Children & Adults

604 Junction Creek Drive ◆ Wilmington, NC 28412 ◆ (910) 793-2520

Date_____20_____

Patient's Name_____ Soc. Sec. #_____-____-_____ Patient's birthdate_____

Address_____ Age_____Gender_____

City _____ State_____Zip Code_____ Telephone (____)_____

Employer _____Work / Cell phone_____

Patient's Dentist_____ Physician_____

Referred by _____ Last professional dental cleaning and check up_____

Medical History

Do you have or have you had any of the following?

	Yes	No		Yes	No		Yes	No		Yes	No
Diabetes	☐	☐	Bone Disorders	☐	☐	Asthma	☐	☐	Liver Involvement	☐	☐
Pneumonia	☐	☐	Tuberculosis	☐	☐	Kidney Involvement	☐	☐	Fainting & Dizziness	☐	☐
Heart Trouble	☐	☐	Anemia	☐	☐	Endocrine	☐	☐	Nervous Disorders	☐	☐
Rheumatic Fever	☐	☐	Epilepsy	☐	☐	Prolonged Bleeding	☐	☐	HIV (AIDS virus)	☐	☐

	Yes	No
Do you require premedication before dental appointments? _____	☐	☐
Are you in good health?_____	☐	☐
Are you under the care of a physician (if so, why?) _____	☐	☐

List any medications you are taking at this time: _____

_____

List any allergies or drug sensitivities:_____

List any other medical conditions:_____

Signature _____Date_____
(parent or guardian if patient is a minor)

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Date_____ Panorex _____ Photos_____

Molars R_____ L_____ OB_____ OJ_____ Crossbite:
Cuspids R_____ L_____
Midline Mx_____ Md_____

Upper crowding Lower crowding

Profile _____ Oral hygiene_____ TMJ R L
Lip posture _____ Caries _____ Click
Chin-throat depth_____ Perio _____ Pain
Labiomental fold_____ Eruption concerns _____ Trauma
Abnormal frenum_____ Max. opening_____
Attitude towards treatment_____ Habits_____ CR = C0_____
Other:

Recommendation: Obs / Phase I / Phase II / Other Spacers Bands

Extractions / Impactions / Surgery Upper Lower

Estimated Length of Treatment: Expander Retainers