



Sudbury Town Square | 29 Hudson Road, Suite 3220, Sudbury, MA 01776
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Patient Referral to:

Hugo Campos DMD, MDS
Orthodontics & Radiology

Patient: _____ **Phone:** _____

Referral by Dr. _____ **Phone:** _____

- Please evaluate for comprehensive orthodontic Treatment
- Please perform a limited exam for: _____
- Please evaluate for Pre-prosthetic treatment for: _____

Please Evaluate for:

- Crowding
 - Overjet
 - Crossbite
 - Retainers
 - Spacing
 - Molar uprighting
 - Overbite
 - Open bite
 - Space maintenance
 - Other: _____
- Area: _____

Proposed orthodontic plan: _____

Radiographs

- With Patient
- No X-rays
- Mailed on: _____
- E-mailed on: _____

Comments: _____

- Please bring this referral form with you to your first appointment.
- All patients under 18 should be accompanied by an adult.
- If unable to keep your appointment, please notify the office as soon as possible.