

## INTRODUCTION OF TRANSFERRING PATIENT

Date \_\_\_\_\_

Name of Patient \_\_\_\_\_

Birth date \_\_\_\_\_

Treatment stage:          Active          Between phases          Retention

Brief description of orthodontic problems and treatment goals

Treatment provided to date

Description of appliance in use (bracket manufacturer, slot size)

Recommendations to patient for further treatment

Other comments

**If this patient transfers to your practice, please contact me for transfer records.**

### TRANSFERRING ORTHODONTIST

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

This patient/parent has been advised that orthodontic treatment fees vary widely throughout the country and the world and it is reasonable for them to expect that a transfer may increase treatment fees and may involve changes in payment policies. For most people who transfer during their orthodontic treatment, the total treatment cost is likely to increase.