



CAO/ACO
Canadian
Association of
Orthodontists



Diplomate
American Board
of Orthodontics

Dr. Grant A. MacColl, DDS, Dip. Ortho, FRCD(C)
Diplomate of the American Board of Orthodontics

Certified Specialists in Orthodontics

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REQUEST FOR AN ORTHODONTIC EXAMINATION

From Dr. _____

Introducing:

PATIENT NAME DATE OF BIRTH

PARENT/GUARDIAN

ADDRESS POSTAL CODE

HOME PHONE WORK PHONE CELL PHONE

Examination requested for:

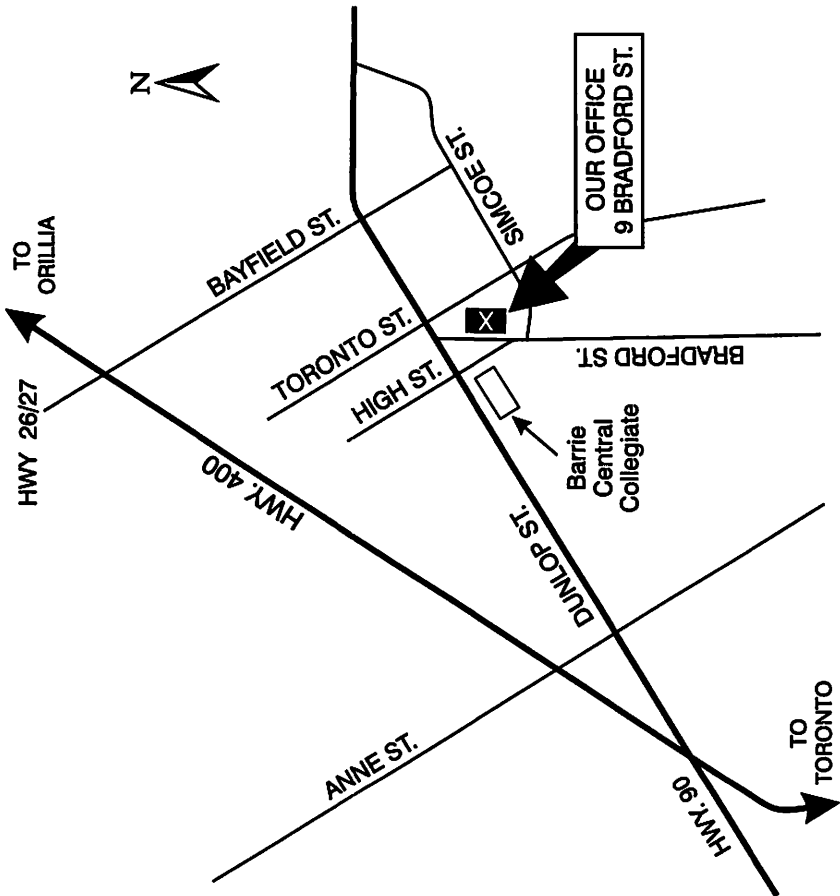
- | | |
|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Class I malocclusion | <input type="checkbox"/> Crowding |
| <input type="checkbox"/> Class II malocclusion | <input type="checkbox"/> Overbite/Overjet |
| <input type="checkbox"/> Class III malocclusion | <input type="checkbox"/> Ectopic Eruption |
| <input type="checkbox"/> Missing Teeth | <input type="checkbox"/> Impaction(s) |

Comments: _____

Appointment booked _____ Patient to call Please call patient

Radiograph enclosed

Radiograph given to patient _____ DATE



TO ORILLIA
HWY 26/27

BAYFIELD ST.

TORONTO ST.

HIGH ST.

HWY 400

SMOKE ST.

BRADFORD ST.

Barrie
Central
Collegiate

DUNLOP ST.

ANNE ST.

TO TORONTO
HWY 90

OUR OFFICE
9 BRADFORD ST.