SMILEBYWILSON.COM

DENTAL HYGIENE & CARIES CLEARANCE

Patient Name: _____	Date of Birth: _____
Dental Office: _____	Dentist: _____
Most Recent Dental Exam: _____	Most Recent Cleaning: _____

Please evaluate this patient's dental health and indicate whether they are ready to begin or continue orthodontic treatment.

CARIES / RESTORATIVE STATUS

☐ CLEARED - No active caries or outstanding restorative treatment that would interfere with orthodontic treatment.

☐ CLEARED WITH TREATMENT PLANNED - Restorative needs are present but do not prevent orthodontic treatment.

☐ NOT CLEARED - Active caries and/or restorative treatment should be addressed before orthodontic treatment.

Outstanding restorative treatment / comments:

_____

HYGIENE STATUS

☐ CLEARED - Oral hygiene and periodontal health are acceptable for orthodontic treatment.

☐ CLEARED WITH RECOMMENDATIONS - Patient may proceed with additional hygiene monitoring.

☐ NOT CLEARED - Oral hygiene should be improved or treated before orthodontic treatment.

Hygiene / periodontal recommendations:

_____

OVERALL ORTHODONTIC DENTAL CLEARANCE

☐ Patient is CLEARED to begin/continue orthodontic treatment.

☐ Patient is CLEARED WITH RECOMMENDATIONS noted above.

☐ Patient is NOT CLEARED for orthodontic treatment at this time.

Additional comments:

_____

DENTAL PROVIDER AUTHORIZATION

I have evaluated the patient's current dental and periodontal health and have indicated the clearance status above.

Dentist/Hygienist: _____	Signature: _____
Date: _____	Phone: _____
Dental Office: _____	Email: _____

Please return the completed form to Wilson Ortho.

info@smilebywilson.com OR fax 503-925-1576