## NIHB ORTHODONTIC SUMMARY SHEET

Section 1 Provider Infor	mation			
Name & Mailing Address/Office Stamp			Prescriber's Telephone	
Section 2 Patient Information			D 1 (D: II	
Patient's Name: Surname	Given Name(		Date of Birth:	
0 111 :			Sex: M F	
Oral Hygiene				
Chief Complaint: Patient		Chief Complaint: Parent/Guardian		
Skeletal and Soft Tissue/I	Dontal Characteristics			
Skeletal and Soft Tissue/L	Jental Characteristics			
Special Features (Radiogi	raphical and Functional Analys	sis, Periodontal Treatm	nent)	
Treatment Objectives				
-				
Treatment Plan				
Treatment Flan				
Active Treatment Time:				
Retention Time:				
Thetention Time.				
Cost	Date	Provider's Signature		
Cost	Date	Flovider's Signature	•	
I/we understand the nature	e of the proposed orthodontic	treatment and the com	nmitment required should this be approved.	
Signature (Parent/Guardia	 an)	Patient		

First Nations and Inuit Health Branch Non-Insured Health Benefits

**Confidential when completed**