G. Dental Examination Form - *to be Completed by the Candidate's General Dentist*

In order to apply for orthodontic treatment through Smiles4Canada, we require the candidate's general dentist to complete this short form. This will help ensure the candidate's teeth are healthy and that his/her oral hygiene is adequate for orthodontic treatment to be completed.

Smiles4Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides access to orthodontic care for low-income young Canadians who would otherwise not receive treatment. Applications are evaluated by a Regional Committee that assesses the financial status of the family, the severity of the dental problems and the character of the applicant. Orthodontic treatment is provided by a participating orthodontist who has offered to donate his/her services to this worthwhile program. The patient pays a small administrative fee for the treatment, generally less than 10% of what s/he would normally expect to pay for orthodontic treatment. The orthodontist receives no compensation, other than the satisfaction of helping a deserving young individual. We are asking your input to help us determine if the applicant's dentition is adequate for orthodontic treatment. Please complete the following and return it to the applicant.

Patient's Name: ______________________

Dentist's Name: ______________________

Address: ______________________

City/Town: ______________ Province: ______________ Postal Code: ______________

Phone Number: ______________ E-mail: ______________

How long has the patient been under your care? ______________________

Last regular cleaning/check up: ______________________

Please rate the patient's prior caries rate: *Very Low* ☐ *Low* ☐ *Average* ☐ *High* ☐ *Very High* ☐

Is the patient currently caries free? ☐ Yes ☐ No

Please rate the patient's oral hygiene: *Very Low* ☐ *Low* ☐ *Average* ☐ *Good* ☐ *Very Good* ☐

Do you believe the patient's oral health and hygiene are adequate for orthodontic treatment? ☐ Yes ☐ No

Would you recommend this patient for treatment through Smiles4Canada? ☐ Yes ☐ No

Please rate the patient's malocclusion: ☐ Severe ☐ Moderate ☐ Not Severe

Overbite / Overjet? ______________

Molar Class? ______________

Will surgery be required prior to orthodontic treatment? ☐ Yes ☐ No Type: ______________

Is there anything else you would like the Committee to know as they are evaluating the patient's case?

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Signature of Dentist

Date ______________

A Program of the Canadian Foundation for the Advancement of Orthodontics

200 Consumers Rd., Suite 800, Toronto, ON M2J 4R4
Email: administration@smiles4canada.ca
Tel: 416-491-3186