

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? _____

Date of Last Exam? _____

(The candidate's last exam must be no earlier than November 1, 2022)

Is the patient currently caries free? Yes No

If NO, what is the plan for restoration? _____

Is the patient's oral health and hygiene are adequate for orthodontic treatment? Yes No

Please indicate the patient's molar classification:

Class I Class II > half cusp Class II < half cusp Class III > half cusp Class III < half cusp

Are the dental arches: *Crowded* Severe Moderate Mild
Spaced Severe Moderate Mild

Are there posterior crossbites? Yes No

What is the overbite? Openbite Minimal Normal Deep

Are the lower incisors impinging in the palate? Yes No

 Signature of Dentist

Date _____



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 Advancement of Orthodontics*
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