



Dear Dr. \_\_\_\_\_,

We anticipate initiating orthodontic treatment for \_\_\_\_\_ in the near future. Please evaluate and advise us of any precautions regarding their restorative and/or periodontal condition. Please provide a **restorative and periodontal clearance** to begin treatment.

We look forward to working with you. If you have any questions or need more information, please feel free to contact us via email at [hello@seaportsmiles.com](mailto:hello@seaportsmiles.com).

Thank you,

Seaport Smiles

**TO BE COMPLETED BY DENTIST**

Date of last exam:

Restorative Status:         Completed         In progress

Date of last prophy and/or periodontal treatment:

Periodontal Status:

Do you approve the patient start orthodontic treatment:

In my professional recommendation, I advise this patient to seek a separate periodontal evaluation by a specialist prior to starting orthodontic treatment, due to clinical signs that may indicate compromised periodontal

Additional comments:

\_\_\_\_\_  
US Licensed Dentist name

\_\_\_\_\_  
US Licensed Dentist signature

\_\_\_\_\_  
Date