Beauty Brace

Orthodontics Dental Specialist Clinic

~ Enhance Smile, Embrace Beauty ~

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No 14 Jalan Horizon Perdana 3, 79100, Horizon Hills, Iskandar Puteri, Johor, Malaysia

SPECIALIST REFERRAL FORM

Patient information

Name: ______________________

ID number: ______________________ Phone number: ______________________

Person in Charge : Dr Chong Yuan Ting, Consultant Orthodontist
BDS (MALAYA), MScD (UK) ,MOrth RCS (Edinburgh)

Orthodontics

- ☐ Consultation
- ☐ **Myofunction therapy**
- ☐ **Invisalign / aligner**
- ☐ **Early Treatment** – Space maintenance, Interceptive treatment, Class II or III skeletal correction, Habit Correction
- ☐ **Adolescent Treatment**
- ☐ **Adult Treatment** – Multi-disciplinary care, Pre-prosthodontic or Pre-implant treatment
- ☐ **Craniofacial Orthodontics**-Cleft lip & palate, Hypodontia, Hyperdontia, Impacted teeth
- ☐ **Orthognathic Surgery**
- ☐ **Airway and sleep disorder** – Sleep study, Sleep Apnoea, Snoring, Mandibular advancement devise
- ☐ **TMJ disorder** -TMJ pain, Bruxism, Clenching, Splinting, Mouthguard
- ☐ Others, please specify: _

Periodontics

- ☐ Consultation
- ☐ Non-surgical debridement (Root Planning)
- ☐ Gingival recession/soft tissue grafting
- ☐ Frenectomy
- ☐ Gingivectomy
- ☐ Crown lengthening
- ☐ Periodontal surgery / Regeneration
- ☐ Implant Therapy & Peri-implant Diseases
- ☐ Others, please specify:_

Endodontics

- ☐ Consultation
- ☐ RCT / RCT Retreatment
- ☐ Dental Trauma Management
- ☐ Apexification / Regenerative endodontic
- ☐ Discolouration of teeth
- ☐ Others, please specify:_

Prosthodontics

- ☐ Consultation
- ☐ Full Mouth Rehabilitation
- ☐ Smile Design
- ☐ Fixed/Removable Prosthesis
- ☐ Others, please specify: _

Oral Surgery

- ☐ Consultation
- ☐ Expose impacted teeth
- ☐ Removal of third molar teeth
- ☐ Biopsy/ Cyst Enucleation
- ☐ Orthognathic surgery planning
- ☐ Ridge augmentation/Sinus lift
- ☐ Implant
- ☐ Others, please specify:_

Paediatric Dentistry

- ☐ Consultation
- ☐ Dental Caries / Fluoride Therapy
- ☐ Pulp Therapy
- ☐ Frenum/Tongue Tie Release
- ☐ Dental Sedation
- ☐ Special Needs Care
- ☐ Others, please specify:

Imaging

- ☐ 3D iTero STL file scanning
- ☐ Orthopantomography (*OPG)*
- ☐ Lateral Cephalogram
- ☐ CBCT –Endo mode, Single Implant Mode, Maxilla, mandible, both arches, Maxillary Sinus or TMJ (please circle)

Remarks:

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Tooth/region

			E	D	C	B	A	A	B	C	D	E			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			E	D	C	B	A	A	B	C	D	E			

Attachment (s) ☐IOPA ☐OPG ☐CBCT
☐Other:

Referred by : ______________________
Date : ______________________

Open daily 9am-6pm

Scan for details/Google location