

# PROFESSIONAL REFERRAL



## **Whole System Minimally Invasive**

### **Diagnosis and Training**

*3D Tomography & Imaging*

*Functional Occlusion & TMJ*

*Oral Systemic Medicine*

*Dental Sleep Medicine*

*Interdisciplinary (with Periodontics,  
Restorative, and Orthognathics)*

### **Prevention**

*Periodontal Inflammation Management*

*Cavity Management by Risk Assessment*

### **Early Detection & Intervention**

*Early Treatment*

### **Minimally Invasive Therapeutics (Multi-Subspecialized)**

*High Technology Braces*

*Invisible (Custom Lingual) Braces*

*Invisalign*

*Accelerated Osteogenics*

*Robotic Assisted Treatments*

*Temporary Anchors*

**550 St. Michaels Drive  
Santa Fe, NM 87505  
(505) 983-8605**

**2610 Trinity Drive #5  
Los Alamos, NM 87544  
(505) 662-6288**

[www.meyersortho.com](http://www.meyersortho.com)

DATE: \_\_\_\_\_

INTRODUCING: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

REASON FOR REFERRAL:

- Diagnostic: Cone Beam CT for \_\_\_\_\_
- Diagnostic: Other \_\_\_\_\_
- Development: Crowding
- Development: Impactions
- Development: Missing Teeth
- Development: Crossbite
- Development: Overjet
- Development: Underbite
- Development: Overbite (open or deep)
- Development: Malocclusion (Nonspecific)
- Development: Other: \_\_\_\_\_
- Adult: Edentulous Space
- Adult: Align for Restorative
- Adult: Crossbite or Underbite
- Adult: Overbite (open or deep)
- Function: Grinding
- Function: Occlusal Disease
- Function: TMD and/or MPD
- Function: Other: \_\_\_\_\_
- Esthetics: Dental Alignment
- Esthetics: Smile
- Esthetics: Facial Harmony
- Periodontal or Oral-Systemic Health
- Snoring, Apnea, or Sleep Related
- Continuation of Care
- Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ABOUT THE FIRST VISIT:**

Your first visit with our office will be an **orthodontic evaluation** with Dr. Meyers and our staff. The purpose of this visit is to exchange information towards an individualized orthodontic treatment plan. The information exchanged at this visit includes a description of your *treatment goals*, a survey of your *treatment needs*, and an indication of your *treatment preferences*. Your *treatment goals* are a summary of what you would like orthodontic treatment to accomplish for you. Your *treatment needs* are a preliminary assessment of your orthodontic condition. We have pioneered a whole system minimally invasive philosophy of care which incorporates the wellness model of care, next generation 3D technologies, a minimally invasive approach, and concepts of whole systems research. Our exam will focus on signs, symptoms, and risks associated with the health of the teeth and periodontal structures, bite function, facial esthetics, smile esthetics, and other aspects of oral health. Your *treatment preferences* are a preliminary indication of the treatment techniques and technologies you believe you would like to consider or learn more about. To help you with our orthodontic evaluation process we will provide you with substantial written educational materials concerning our philosophy, our office, our treatment types, the technologies which we offer, and various possible considerations for orthodontic treatment.