

AAO TRANSFER FORM PATIENT IN ACTIVE TREATMENT

E	mail:		
	Birth date	e	Sex
Phone _			
City		State/Province	Zip code
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RNS			
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			Cementing Agent
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initiated		Hours requested	
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	Hours re	eauested	
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IPR Completed D	☐ Yes ☐ In pro	ogress to stage	□ No
Notes _			
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PATIENT COOPERATION

Oral hygiene		Headgear
Elastics		Clear trays
		Broken appliances
Patient's attitude	toward treatment	
Suggestions for p	atient motivation	
		Remaining % of active treatment completed
RECOMMENDATIO	ONS FOR RETENTION	
ADDITIONAL COM	MENTS	
FINANCIAL		
Third party payme	ent	
Total charges befo	ore transfer	
Total amount paid	d before transfer	
Unpaid amount st	ill owed transferring office	
Balance of origina	al quoted fee not yet charge	ed or overpaid at transfer
is reasonable for	them to expect that a trans	rthodontic treatments vary widely throughout the country and the world and i fer may increase treatment fees and may involve changes in payment g their orthodontic treatment, the total treatment cost is likely to increase.
AVAILABLE RECO	RDS FOR TRANSFER	
Casts	Initial Date	Progress D Date Articulator type
Ceph		Progress Date
Tracings		Progress Date
Panoramic	Initial Date	
CBCT		Progress Date
Intra-oral scan files	Initial L Date	Progress Date
Intraoral x-rays	Initial Date	Progress D Date
Facial photos	Initial Date	Progress □ Date
Intraoral photos	Initial Date	Progress Date
Check appropriate	e status of records:	
Record duplicates	s sent upon request (may be	e an additional charge to patient) □ Yes □ No
Records enclosed	☐ Yes ☐ No Records ser	nt under separate cover □ Yes □ No
Signature:		Date
	(Orthodontist)	

REQUEST TO TRANSFER RECORDS TO NEW PROVIDER

When a patient moves, or, for other reasons, there is a necessity to change orthodontists during the course of ongoing orthodontic treatment, it is highly advantageous for all involved parties that the transfer be as prompt and convenient as possible. Of paramount importance is the identification of an orthodontist who will accept the patient and successfully complete the treatment.

The American Association of Orthodontists represents over ninety percent of the orthodontic specialists in the U.S. and Canada. Your current doctor is a member and will assist you in finding a qualified orthodontist.

It is necessary that your records be transferred to assure that the receiving orthodontist is knowledgeable of your orthodontic condition(s), orthodontic treatment goals, the current treatment plan, and related financial arrangements.

This patient/parent has been advised that orthodontic treatments vary widely throughout the country and the world and it is reasonable for them to expect that a transfer may increase treatment fees and may involve changes in payment policies. For most people who transfer during their orthodontic treatment, the total treatment cost is likely to increase.

I authorize Dr	to release all records of _	(patient's name	e) for the
purpose of continuation of treatn	nent by Dr	_(new provider's name)	
Address/City/State/Province			
Phone			
Signature:		Date	
(Patient o	or Guardian)		
Print Name			
Polationship to Patient			

To facilitate the transfer of these records, it is necessary that you complete the following: