



Heather M. Wilmore, DDS
General & Cosmetic Dentistry

_____ will be coming to our office for orthodontic treatment. We will need periodontal clearance prior to beginning orthodontic treatment. In addition, please let us know the date of the last cleaning and if there is any pending treatment that needs to be done by your office. Please fax this form back to us at (713)266-4251.

Date of last cleaning	Perio Clearance		Any Pending Treatment	
	Yes	No	Yes	No

Comments

Sincerely,

Heather M. Wilmore DDS

