

Dr Andrew Savundra
Specialist Orthodontist

BDS (UWA) DClinDent (Orth) (Adel) FRACDS MRACDS (Orth) MOrth RCSEd FDS RCSEd

TITLE	PATIENT FIRST NAME	PATIENT LAST NAME
PATIENT DOB	/ /	PATIENT MOBILE NUMBER
PATIENT EMAIL		
GUARDIAN FULL NAME (if under 18)		
REFERRING DENTIST		
PRACTICE NAME		
PRACTICE EMAIL		
PRACTICE PHONE NUMBER		
PRIMARY CONCERN		
Crowding	Spacing	Class II
Class III	Increased Overjet	Anterior Crossbite
Deep Bite	Posterior Crossbite	Open Bite
Eruption Problems	Missing/Extra Teeth	Other
ADDITIONAL CLINICAL INFORMATION		
ATTACHMENTS		
RADIOGRAPHS	PHOTOS	CBCT