



BREWER DENTAL

ORTHODONTIC & PEDIATRIC CENTER

2900 Central Avenue #2, Billings, MT 59102

(406) 656-6100

www.BrewerDentalCenter.com

ORTHODONTIC PATIENT REFERRAL

NAME: _____ D.O.B.: _____

RESPONSIBLE PARTY: _____

CELL PHONE: _____

HOME PHONE: _____

EMAIL: _____

INSURANCE: _____

POLICY HOLDER NAME: _____

D.O.B.: _____

I.D. #: _____

LAST PROPHY: ___ / ___ / ___ LAST X-RAY: ___ / ___ / ___

X-RAYS TAKEN: CEPH PANO

REFERRING DOCTOR: _____

DOES PATIENT HAVE RESTORATIVE WORK TO BE COMPLETED?: YES NO

If YES, WHEN IS IT SCHEDULED?: _____

OFFICE USE ONLY:

ORTHODONTIC CONSULTATION DATE: ___ / ___ / ___ TIME: _____

PLEASE CALL PATIENT TO SCHEDULE

PATIENT WILL CALL TO SCHEDULE

RYAN HECHT, DMD, MS

ORTHODONTIC SPECIALIST

BRENT LEGGETT, DDS, MS

ORTHODONTIC SPECIALIST

AREAS OF CONCERN:

- CROWDING
- SPACING
- OVERJET
- OVERBITE
- CROSSBITE
- IMPACTED TEETH
- MOLAR UPRIGHTING
- SPACE MAINTENANCE
- TMJ
- OTHER _____

COMMENTS: _____

DOCTOR SIGNATURE: _____ DATE: ___ / ___ / ___

Please send a copy of the recommended treatment along with PANO and/or CEPH taken within the last 6 months.

Please Email All Referrals To: brewerdentalcenterortho@gmail.com

Broadwater Ave.

Broadwater Ave.

Central Ave.

Centennial Park

32nd St. W.

24th St. W.

Little Horn State Bank



Brewer Dental Center

Central Ave.

Central Ave.

Little Horn State Bank



2900 Central
Avenue #2
Billings, MT 59102

32nd St. W.

24th St. W.

Rimrock Mall

Monad Rd.

Monad Rd.