



Smiles Change Lives Patient Progress Report

Today's Date: _____

Patient's Full Name: _____

Doctor's Name: _____

Case Start Date: _____ Date of Last Appointment: _____

Expected Length of Treatment: _____

Patient banding/bonding

6-month progress report

1-year progress report (a mid-treatment photo is appreciated, but not required)

18-month progress report

2-year progress report

Other: _____

Patient de-banding/de-bonding with final photos

Compliance concern: _____

Appointment Attendance

Oral Hygiene

Treatment Compliance

Acceptable

Acceptable

Acceptable

Unacceptable

Unacceptable

Unacceptable

If any of the above is unacceptable, SCL staff will follow up with the patient's family.

Additional comments: _____

Please submit a progress report for each SCL patient to via fax (816-421-3008) or email (alexis@smileschangelives.org)

Thank you!