



SCL Orthodontic Screening Form

Doctor Name _____

Screening Date _____

1. Please email the completed form to info@smileschangelives.org. The screening form may also be faxed to 816-421-3008 and pictures mailed – our address is below.

2. Please DO NOT band this child today. If you wish to band the child during their screening appointment, the family must call and finalize their application process with SCL over the phone at 816-474-0052 x226. Otherwise, SCL will send you a letter when the child has been approved and has paid his/her participation fee – only then is s/he cleared to start treatment.

| | |
|-----------------------|-----------------------------------|
| Patient Name and Age: | Who is with patient/relationship: |
|-----------------------|-----------------------------------|

| | | |
|--|--------------|-------------|
| Will you agree to treat this child? Please mark YES only if you agree to provide treatment for this child. If you mark YES, we will approve the child for our program and ask the family to pay the program fee. When it is received, we will send you a letter indicating treatment can be started. Please do not hold a "spot" in your SCL caseload for this child – we track that for you. Please do not band this child today. | YES _____ | NO _____ |
|--|--------------|-------------|

Treatment Required: _____ Interceptive _____ Comprehensive
(If patient is approved for interceptive treatment, they will need to reapply for comprehensive treatment following completion)

If you are not willing to treat this child, indicate why:

_____ I have my allotment of SCL patients - I will agree to take this SCL case on this date ____/____/____

_____ Patient is not ready to begin orthodontic treatment. Recall on this date ____/____/____

_____ Case not severe enough/too severe

_____ Other (Please explain below)

Please note: You are not obligated to treat any SCL patient that you do not feel is a good fit for your office. Factors to consider include:

- Oral Hygiene
- Attitude
- Interest/Motivation
- Severity
- Call 816-474-0052 ext 233 with any concerns