



*Dr. Taylor M. Geyer, DDS, MS  
Board Certified Orthodontist*

*Dr. Cameron S. Geyer, DDS, MS  
Board Certified Orthodontist*

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Dr: \_\_\_\_\_ Date: \_\_\_\_\_

- Call Patient to Schedule Appointment
- Patient Will Call a Listed Number Below to Schedule

General Orthodontic Evaluation

Crowding

Maxillary

Mandibular

Spacing

Space Maintenance

Deep Bite

Open Bite

Anterior Crossbite

Posterior Crossbite

Narrow Palate / Expansion

AP Class II / III

Impaction (or risk of)

Missing Teeth

Midline Shift

Overjet

Other: \_\_\_\_\_

*General Comments (or numbers of teeth of concern):*

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*Patient's Preferred Treatment Location (circle)*

**Spencer**

21 W 6<sup>th</sup> Street  
(712) 262-4716

**Sheldon**

1201 2<sup>nd</sup> Ave  
(712) 324-4142

**Spirit Lake**

3401 Highway 71  
(712) 262-4716

**Storm Lake**

819 Flindt Drive  
(712) 732-1213

*This form can be sent with the patient, faxed to (712) 262-5957, or emailed to braces@geyerortho.com. Thank you!*