



Australian Society
of Orthodontists

Patient Transfer Form

Date

To

From

Patient Details

Name

Responsible Party

Date of Birth

Address

Case Details

Diagnosis

Treatment Plan

Fixed Appliances

Upper

Lower

Prescription

Slot size

Upper arch wire

Lower arch wire

Removable Appliances

Type of appliance

Instructions

Treatment

Date appliance fitted

Estimated treatment time

Estimated percentage of active treatment completed

Summary of treatment to date

Continued

Patient Transfer Form

Continued

Financial Contract

\$ AUD

Fee quoted

Billed to date

Paid to date

Balance due

Refund due

Transfer Fee value

(Refer to ASO document - *Determination of Transfer Fees*)

The fee quoted includes:

Pre-treatment records

Treatment plan

Active treatment

Post-treatment records

Retainers

Retention checks

Records

No records

Patient has records

Records forwarded

Contact our office when patient arrives

Records include:

Study models

Radiographs

Photographs

Other

General Comments

Please contact me about this transfer