

## **Sibling Automatic Enrollment Letter**

We are looking forward to meeting you at your upcoming initial evaluation.

Drs. Simon, Haerian and Ludwig feel that many orthodontic problems can be corrected early when treatment is indicated. Because of that, we like to see our patients for their first examination at about the age of 7 (unless problems have been detected prior to age 7) to see if early, interceptive treatment would be beneficial. At times an observation period is indicated before more comprehensive treatment can be started to achieve maximum treatment benefits.

This is your opportunity to **automatically** enroll any other siblings for a complimentary, no-obligation orthodontic evaluation at the time of their 7<sup>th</sup> birthday. A brief screening examination includes a written report to the child's primary care dentist with the Doctor's finding and recommendation.

Please list below any siblings that you would like to have examined sometime around their 7<sup>th</sup> birthday:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list below any siblings who are over 7 years old that you would like examined:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

We look forward to working with you and assessing your family's orthodontic needs. Thanks and welcome to our orthodontic family.

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

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Please list other family members who have had treatment , or are in treatment at this time \_\_\_\_\_