

Orthodontic Treatment Progress Report

Date: [Insert Date]

Patient Name: [Insert Patient's Name]

Patient ID: [Insert Patient ID]

Referring Dentist: [Insert Dentist's Name]

Treatment Summary

Current Appliances: [Insert Details of Appliances]

Initial Treatment Date: [Insert Date]

Original Treatment Plan: [Brief Description]

Progress Update

As of [Insert Date], the patient's treatment progress is as follows:

- Alignment: [Insert Status]
- Tooth Movement: [Insert Observations]
- Patient Compliance: [Insert Details]

Next Steps

The next appointment is scheduled for [Insert Date]. During this visit, we will:

- [Insert Plan for Next Steps]
- [Insert Any Additional Instructions]

Please feel free to contact our office if you have any questions or concerns regarding the treatment.

Best Regards,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]