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| Resident’s Name | | | | | Dr. | | | | | | | | | | Instructor’s Name | | | | | | Dr. | | | | |
| Patient’s Name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date of Exam. | | | | | /  / | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | /  / | | | | | | | Age |  | Work/School/Hobbies | | | | | | | | |  | | |
| C.C. Patient’s, Parents, Referral | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systemic Illnesses | | | | | |  | | | | | | | | Dental Visits (Last/Freq.) | | | | | | |  | | | | |
| Current Medications | | | | | |  | | | | | | | | Trauma | | | | | | |  | | | | |
| Known Allergies | | | | | |  | | | | | | | | Primary Teeth Extraction | | | | | | |  | | | | |
| Previous Hosp/Surg | | | | | |  | | | | | | | | Previous Orthodontic Tx | | | | | | |  | | | | |
| Familial Malocclusion | | | | | |  | | | | | | | | TMJ Problems Hx | | | | | | |  | | | | |
| Disposition, Attitude | | | | | |  | | | | | | | | Motivation | | | | | | |  | | | | |
| Height | | | | | |  | | | | | | | | Dad’s Height | | | | | | |  | | | | |
| Person Responsible | | | | | |  | | | | | | | | Mom’s Height | | | | | | |  | | | | |
| **Habits:** Mouth breathing, Digit/Pacifier Sucking, Lip Biting, Tongue Thrust, Clenching/Bruxism | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Extra-oral Examination; Frontal** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facial Type: O, S, R, Long & Narrow, Triang. | | | | | | | | | |  | | | | | | Lips – Competency, Mentalis Strain | | | | | | | |  | |
| Symmetry (Asymmetric, mm) | | | | | | | | | |  | | | | | | Interlabial Gap at Rest (mm) | | | | | | | |  | |
| Lower Facial Height (WNL, Long, Short) | | | | | | | | | |  | | | | | | Incisal Display at Rest (mm) | | | | | | | |  | |
| Intercanthal Distance vs. Alar Base | | | | | | | | | |  | | | | | | Interpupilary Distance vs. Mouth Width | | | | | | | |  | |
| **Extra-oral Examination; Smiling** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incisal Display Smiling (mm) | | | | | | | | | |  | | | | | | Occlusal Cant | | | | | | | |  | |
| Gingival Display (mm) | | | | | | | | | |  | | | | | | ↑ ML to Facial ML/Philtrum (mm) | | | | | | | |  | |
| Symmetry (Buccal Corridors) | | | | | | | | | |  | | | | | | ↓ ML to Chin (mm) | | | | | | | |  | |
| **Extra-oral Examination; Profile** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: Straight, Convex, Concave, Diverg., BMP | | | | | | | | | |  | | | | | | ↓ Lip – Thickness, Everted or not? | | | | | | | |  | |
| Forehead (Prominence of Glabella) | | | | | | | | | |  | | | | | | Mento-Labial Sulcus | | | | | | | |  | |
| Malar Eminence (Prominence of Zygoma) | | | | | | | | | |  | | | | | | Chin (WNL, Protruded, Retruded) | | | | | | | |  | |
| Nose – Size, dorsal hump, tip, lip attachment | | | | | | | | | |  | | | | | | Cervico-Mental Angle | | | | | | | |  | |
| Naso-Labial Fold | | | | | | | | | |  | | | | | | Submandibular Lipomatosis | | | | | | | |  | |
| Naso-Labial Angle | | | | | | | | | |  | | | | | | TMJ – Signs (Noise, Pain, Tenderness) | | | | | | | |  | |
| ↑ Lip – Length, Thickness, Prominence, Tonicity | | | | | | | | | |  | | | | | | ROM | | | R (mm) | | | | | (mm) L | |
|  | | | | | | | | | | | | | | | |  | | |  | | | | | P (mm) | |
|  | | | | | | | | | | | | | | | |  | | |  | | | | | MIO (mm) | |
| **Intra-oral Examination** | | | | | | | | | | | | | | | | | | | | | | | | | |
| OH (Good, Fair, Poor, Problem Areas) | | | | | | | | | |  | | | | | | Frenum Attachment | | | | | | | |  | |
| Soft Tissues, Oral Mucosa, Tonsils | | | | | | | | | |  | | | | | | Periodontal – Pockets, Recession, Attached G. | | | | | | | |  | |
| Tongue – Size, Posture, Mobility | | | | | | | | | |  | | | | | | Caries | | | | | | | |  | |
| Tooth Anatomy – Decalcifications, Wear, Sizes | | | | | | | | | |  | | | | | | Dental Midlines (Diastema) | | | | | | | |  | |
| OB (mm, %) | | | | | | | | | |  | | | | | | OJ | | | | | | | |  | |
| CR/CO Shift (R, L, F, B, U, mm) | | | | | | | | | |  | | | | | | Crossbites (Anterior, Posterior) | | | | | | | |  | |
| Right; Angle Classification – Molar | | | | | | | | | |  | | | | | | Left; Angle Classification – Molar | | | | | | | |  | |
| Angle Classification – Canine | | | | | | | | | |  | | | | | | Angle Classification – Canine | | | | | | | |  | |
| Curve of Spee | | | | | | | | | |  | | | | | | Curve of Spee | | | | | | | |  | |
| **Maxillary Occlusal** | | | | | | | | | | | | | | | | **Mandibular Occlusal** | | | | | | | | | |
| Arch Form, Width – (Shape: T, O, S) | | | | | | | | | |  | | | | | | Arch Form, Width – (Shape: T, O, S) | | | | | | | |  | |
| Crowding/Spacing (M, Mod, S, mm) | | | | | | | | | |  | | | | | | Crowding/Spacing (M, Mod, S, mm) | | | | | | | |  | |
| Abnormal Teeth Position, Rotations | | | | | | | | | |  | | | | | | Abnormal Teeth Position, Rotations | | | | | | | |  | |
| **Orthodontic Records Analysis** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teeth Present, Missing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 17 16 15 14 13 12 11 | | | | | | | | | | | | | | | | 21 22 23 24 25 26 27 28 | | | | | | | | | |
| 48 47 46 45 44 43 42 41 | | | | | | | | | | | | | | | | 31 32 33 34 35 36 37 38 | | | | | | | | | |
| **Right Buccal** | | | | | | | | | | | | | | | | **Left Buccal** | | | | | | | | | |
| Overjet (mm) | | | | | | | mm | | | | | | | | | Overjet (mm) | | | | | | mm | | | |
| Angle Classification – Molar | | | | | | |  | | | | | | | | | Angle Classification – Molar | | | | | |  | | | |
| Angle Classification – Canine | | | | | | |  | | | | | | | | | Angle Classification – Canine | | | | | |  | | | |
| Crossbites | | | | | | |  | | | | | | | | | Crossbites | | | | | |  | | | |
| Curve of Spee (mm) | | | | | | | mm | | | | | | | | | Curve of Spee (mm) | | | | | | mm | | | |
| **Maxillary Occlusal** | | | | | | | | | | | | | | | | **Mandibular Occlusal** | | | | | | | | | |
| Arch Form, Width – (Shape: T, O, S) | | | | | | |  | | | | | | | | | Arch Form, Width – (Shape: T, O, S) | | | | | |  | | | |
| Symmetry | | | | | | |  | | | | | | | | | Symmetry | | | | | |  | | | |
| Rotations | | | | | | |  | | | | | | | | | Rotations | | | | | |  | | | |
| Crowding/Spacing (M, Mod, S, mm) | | | | | | |  | | | | | | | | | Crowding/Spacing (M, Mod, S, mm) | | | | | |  | | | |
| Abnormal Teeth Position | | | | | | |  | | | | | | | | | Abnormal Teeth Position | | | | | |  | | | |
| Restorations | | | | | | |  | | | | | | | | | Restorations | | | | | |  | | | |
| Ant. Bolton Discrepancy | | | | | | %,    mmExcess | | | | | | | | | | Overall Bolton Discrepancy | | | | | | %,    mmExcess | | | |
| **Radiographs; Panoramic Radiograph** | | | | | | | | | | | | | | | | Periapical and Bitewing Radiographs | | | | | | | | | |
| Condyle Shape and Position | | | | | | |  | | | | | | | | | Caries and Periapical Pathology | | | | | |  | | | |
| Rami Length Compared | | | | | | |  | | | | | | | | | Root Curvature and Shape | | | | | |  | | | |
| Maxillary Sinuses | | | | | | |  | | | | | | | | | Bone Trabeculation and Level | | | | | |  | | | |
| Bony Anomalies | | | | | | |  | | | | | | | | | Impactions, Bony Anomalies | | | | | |  | | | |
| Teeth Present (3rd molars) | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| **Growth and Development** | | | | | | | | | | | | | | | | **Occlusal Radiographs** | | | | | | | | | |
| Fishman (Adolescent Growth) | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Greulich-Pyle (Overall G.) | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Vertebral Morphology | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Lateral Cephalometric Radiograph Summary | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sagittal | |  | | | | | | | | | | | | | | Dental | |  | | | | | | | |
| Vertical | |  | | | | | | | | | | | | | | Soft Tissues | |  | | | | | | | |
| Measurement | | | | Caucasian Norms | | | | | | | Pre-Tx | | | | | Measurement | | | | Caucasian Norms | | | | | Pre-Tx |
| Sagittal (Apical Bases and Chin) | | | | | | | | | | | | | | | | ANS-Me/N-Me | | | | 55% | | | | | % (   /   ) |
| NS-H | | | | 9° | | | | | | | ° | | | | | N-S-Gn | | | | 66° | | | | | ° (   °) |
| HNA | | | | 90° | | | | | | | ° | | | | | Me-tgo-Ar | | | | 126° | | | | | ° |
| SNA | | | | 81° ± 4° | | | | | | | ° (   °) | | | | | Dental (Incisor Position) | | | | | | | | | |
| SNB | | | | 78° ± 3° | | | | | | | ° (   °) | | | | | UI-SN | | | | 104° | | | | | ° (   °) |
| SNPog | | | | 80° ± 3° | | | | | | | ° (   °) | | | | | UI-PP | | | | 110° | | | | | ° |
| ANB | | | | 2.5° ± 2° | | | | | | | ° | | | | | UI-NA | | | | 22° (4 mm) | | | | | ° (    mm) |
| Wits Appraisal | | | | 0 F, -1 M | | | | | | | mm | | | | | LI-NB | | | | 25° (4 mm) | | | | | ° (    mm) |
| NA-APog | | | | 4° | | | | | | | ° | | | | | LI-MP | | | | 90° | | | | | ° |
| TM-ANS | | | | 93 mm ± 3.5 | | | | | | | mm | | | | | LI-APog | | | | 2.5 mm | | | | | mm |
| TM-Pg | | | | 119 mm ± 4.4 | | | | | | | mm | | | | | UI-LI | | | | 131° | | | | | ° |
| Harvold | | | | 26 mm | | | | | | | mm | | | | | Soft Tissue | | | | | | | | | |
| Vertical/Divergency | | | | | | | | | | | | | | | | U/L/C-SNV Line | | | | 2 / -2 / -4 mm | | | | | /   /    mm |
| PP-SN | | | | 8° | | | | | | | ° | | | | | UL/LL-E Line | | | | -4 / -2 mm | | | | | /    mm |
| PP-H | | | | 0° | | | | | | | ° (PNS↓↑) | | | | | NLA | | | | 90°-110° | | | | | ° |
| PP-MP (Go-Gn) | | | | 26° | | | | | | | ° | | | | | Lower Sulcus | | | | 5 mm | | | | | mm |
| SN-MP (Go-Gn) | | | | 32° | | | | | | | ° (   °) | | | | | Chin Thickness | | | | 10-12 mm | | | | | mm |
| Diagnostic Summary | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Problem List | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facial/Soft Tissue | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Perimeter | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Sagittal | | | Skeletal: | | | | | | | | | | | | | | Dental: | | | | | | | | |
| Transverse | | | Skeletal: | | | | | | | | | | | | | | Dental: | | | | | | | | |
| Vertical | | | Skeletal: | | | | | | | | | | | | | | Dental: | | | | | | | | |
| Other | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Treatment Objectives** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Treatment Plan** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Instructor’s Name and Signature | | | | | | | | | **Dr.** | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | /    / | | | | | | | | | | | | | | | | |