|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
|  |
|  |
|  |
|       |
|  |
| Problem List |
| Facial/Soft Tissue  |  |
| Perimeter  |  |
| Sagittal  | Skeletal:  | Dental:  |
| Transverse | Skeletal:  | Dental:  |
| Vertical  | Skeletal:  | Dental:  |
| Other  |  |
|       |
|  |
| **Treatment Objectives** |
|    |       |
|    |       |
|    |       |
|    |       |
|    |       |
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| **Treatment Plan** |
|    |       |
|    |       |
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|    |       |
|  |
| Instructor’s Name and Signature | **Dr.** |
| Date |    /    /      |