

EXAMINATION • DIAGNOSIS • TREATMENT PLAN

PATIENT _____ DATE _____

CHIEF COMPLAINT _____

020. FACIAL AND AIRWAY EVALUATION

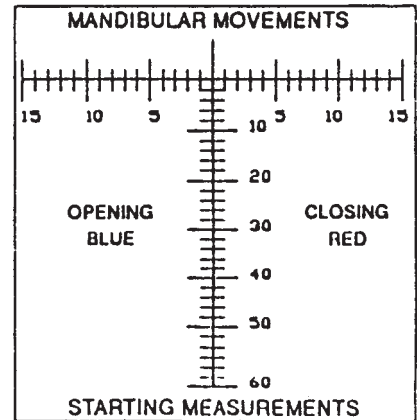
Development: 1 Symmetric 2 Long 3 Asymmetric _____ 4 Chin Scar
Gingival Display: 5 WNL 6 Deficient 7 Yes _____ mm exposed **Cosmetic Line (38±4)** _____
Lip Posture: 8 Closed 9 Open 10 Lower lip behind upper incisor
Airway: 11 WNL 12 Chronic Congestion **History of:** 13 Snoring 14 Ear Problems 15 Speech Problems
 16 Allergies 17 Mouth Breathing 18 Gagging
Tonsils & Adenoids: 19 Normal 20 Problematic 21 Refer for ENT/Allergy evaluation to Dr. _____
Upper Midline: 22 Normal 23 Right _____ mm 24 Left _____ mm **Naso-labial Angle:** 25 I 26 II 27 III
Harmful Habit Hx: 28 _____ **Facial esthetics** in "AS IF" position: 29 Worse 30 Better
Lip Outline: Pleasing: 31 U 32 L Retrusive: 33 U 34 L Protrusive: 35 U 36 L

021. TMJ AND CERVICAL EVALUATION

Pain: 1 Negative 2 R Lateral 3 L Lateral 4 Protrusive 5 Opening
Tenderness to Palpation: 6 Negative 7 R TMJ Lateral 8 L TMJ Lateral 9 R TMJ Post. 10 L TMJ Post.
Opening (add overbite): 11 Normal 12 Maximum unstrained _____ mm 13 Maximum strained _____ mm
Deflection: 14 Negative 15 Opening to Right _____ mm 16 Opening to Left _____ mm
 17 Closing to Right _____ mm 18 Closing to Left _____ mm
I - M Click: 19 No TMJ Sounds
Opening **Closing** **R Lateral** **L Lateral** **Protrusive**
 20 None 23 None 26 None 29 None 32 None
 21 R at _____ mm 24 R at _____ mm 27 R TMJ 30 R TMJ 33 R TMJ
 22 L at _____ mm 25 L at _____ mm 28 L TMJ 31 L TMJ 34 L TMJ
Relieved w/ Protrusion: 35 Relieved with _____ mm Protrusion 36 Unable to relieve with Protrusion
Restriction: 37 Negative
 38 R less than 8 mm _____ 39 L less than 8 mm _____ 40 Prot less than 6 mm _____

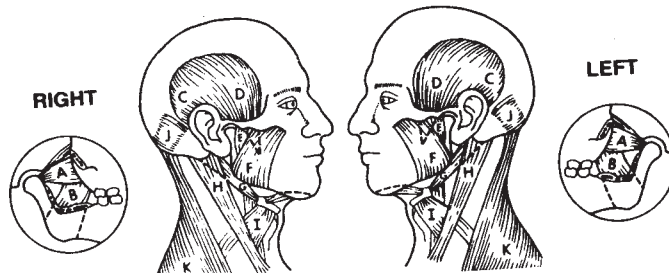
Rx TMJ X-ray: 41 Tomogram 42 Transcranial

Range of Motion: **WNL** **Abn** **WNL** **Abn**
Flexion 43 44 **Rotation** 49 50
Extension 45 46 **Cervical Sound** 51 52
Side Bending 47 48



022. EXTRAORAL AND INTRAORAL MUSCLE EXAMINATION

1 Negative
R L
 2 3 Medial Pterygoid (B) _____
 4 5 Posterior Temporal (C) _____
 6 7 Anterior Temporal (D) _____
 8 9 Deep Masseter (E) _____
 10 11 Superficial Masseter (F) _____
 12 13 Digastric (G) _____
 14 15 Cervical (ant) _____
 16 17 Cervical (post) _____
 18 19 Sternomastoid (H) _____
 20 21 Hyoid Area (I) _____
 22 23 Occipital Area (J) _____
 24 25 Trapezius (neck) (K) _____
 26 27 Trapezius (shoulder) _____
 28 29 Trapezius (mid-back) _____



Intraoral

30 31 Lateral Pterygoid (A) _____
 32 33 Temporalis Tendon Insertion _____
 34 35 Mylohyoid _____
 36 Refer for Physical Therapy Rx _____
 37 Refer for Biofeedback Rx _____

023. INTRAORAL SOFT TISSUE AND DENTAL EXAMINATION

Oral Hygiene: 1 E 2 G 3 F 4 P 5 VP
Soft Tissues: 6 WNL 7 Palpable Masses: _____ 8 Other Lesions/Changes: _____
Periodontal: 9 WNL 10 Type I (Gingivitis): _____ 11 Type II (3-4mm): _____
12 Type III (4-6mm): _____ 13 Type IV (6+mm): _____
14 Bleeding on probing: _____ 15 Recession: _____ 16 Thin Labial Tissue: _____
17 Mobility: _____ 18 Furcation: _____ 19 Mucogingival Problems: _____
Tx Needed: 20 CC (Prophy) 21 PT (RP) 22 SPT 23 Perio Referral: _____ 24 No Hyg in this office
Torus: 25 None 26 Mandibular 27 Palatal
Tonsils: 28 Normal 29 Moderate 30 Large
Caries: 31 WNL 32 _____ Def. Fillings: 33 _____ 34 Will need Crowns: _____
Enamel Cracks: 35 _____ **Decalcification/Stain:** 36 _____ **Ankylosis:** 37 _____
Fractured Teeth: 38 _____ **Pits and Fissures:** 39 _____ **Cervical Erosion:** 40 _____

024. MYOFUNCTIONAL EVALUATION

1 Normal
Tongue Thrust: 2 Anterior Unilateral: 3 R 4 L 5 Bilateral 6 Other _____
Tongue: 7 Normal 8 Large 9 Scalloped 10 Short Ling.Frenum 11 Restricted
Mentalis: 12 Normal 13 Hypertonic (dimpled) 14 Pronounced size and sulcus 15 Swallow facial grimace
Lips/upper: 16 Normal 17 Hypertonic 18 Flaccid 19 Short
Lips/lower: 20 Normal 21 Hypertonic 22 Flaccid
Hard Palate: 23 Normal 24 High 25 Low & Flat 26 Asymmetrical
Tongue posture: 27 Normal 28 Low 29 Between Teeth 30 Against upper/lower teeth
Masseter Contraction: **Left:** 31 Normal 32 Strong 33 Weak **Right:** 34 Normal 35 Strong 36 Weak
Muscle Attach: 37 Labial frenum heavy 38 Referral to Periodontist or Surgeon 39 Possible referral for MFT

025. DENTAL FINDINGS FROM CASTS IN OCCLUSION (Hand-held)

Overjet: 1 Acceptable 2 Moderate _____ mm 3 Severe _____ mm 4 Edge to Edge 5 Class III
Overbite: 6 Acceptable **Anterior:** 7 Closed/Mod _____ % 8 Severe _____ % 9 Open
Posterior: 10 Right Open 11 Left Open 12 Bilateral Open
Crossbite (tooth #): 13 None 14 Anterior _____ 15 Right Post. _____ 16 Left Post. _____ 17 Bilateral
Buccal Crossbite: 18 None 19 Right _____ 20 Left _____ 21 Bilateral
Midlines: 22 Coincident **Upper:** 23 Normal 24 Right _____ mm 25 Left _____ mm
Lower: 26 Normal 27 Right _____ mm 28 Left _____ mm
ArchForm: Normal: 29 Upper 30 Lower 31 Both
Upper: 32 Constricted 33 Enlarged 34 Asymmetrical 35 Due to retained E
Lower: 36 Constricted 37 Enlarged 38 Asymmetrical 39 Due to retained E
Alignment: Normal: 40 Upper 41 Lower 42 Both
Crowding: Upper: 43 Slight (1-2mm) _____ 44 Mod. (3-5mm) _____ 45 Severe (>6mm) _____ 46 Spaced
Lower: 47 Slight (1-2mm) _____ 48 Mod. (3-5mm) _____ 49 Severe (>6mm) _____ 50 Spaced
Rotation: 51 Teeth # _____ **Tipped Teeth:** 52 Teeth # _____
Depressed: 53 Teeth # _____ **Wear Facets:** 54 Teeth # _____
Tooth Size Discrepancy: 55 Large Teeth # _____ 56 Small Teeth # _____
Curve of Spee: 57 Normal 58 Flat 59 Moderate 60 Excessive 61 Stepped 62 Reverse

026. GNATHOLOGICAL FINDINGS FROM CASTS MOUNTED IN CENTRIC RELATION

- C.R. Coincidence:** 1 Yes 2 No
- Displacement:** 3 Vertically _____mm 4 Anteriorly _____mm
 5 Right _____mm 6 Left _____mm
- Centric Prematurities:** 7 None 8 Teeth # _____
- R. Lat. Prematurities:** 9 None 10 Teeth # _____
- L. Lat. Prematurities:** 11 None 12 Teeth # _____
- Asymmetries (acc. Kernott):** 13 None
- Occlusal Plane Slope:** (F1-F6, R&L) 14 Right Side High _____mm 15 Left Side High _____mm
- Occlusal Plane Cant:** (F3-F3, F6-F6) 16 Right Side Low _____mm 17 Left Side Low _____mm
- Forward Slant:** (A3-A3, A6-A6) 18 Upper Right Side _____mm 19 Upper Left Side _____mm
 20 Lower Right Side _____mm 21 Lower Left Side _____mm
- Shift (Collapse):** (S6, S3 and Pont's) 22 Maxilla Left _____mm 23 Maxilla Right _____mm
 24 Mandible Left _____mm 25 Mandible Right _____mm

027. RADIOGRAPHIC FINDINGS

Widened Periodontal Space

- 1 None 2 Slight _____ 3 Moderate _____ 4 Severe _____

Root Considerations:

- 5 Short Roots _____ 6 Dilacerated Roots _____ 7 Conical Roots _____

Miscellaneous Response:

- 8 None 9 Hypercementosis _____ 10 Osteosclerosis _____
 11 Root Resorption _____ 12 Pulpal Calcification _____

Alveolar Bone Loss:

- 13 None 14 Slight _____ 15 Moderate _____ 16 Severe _____ 17 Very Severe _____
 18 Horizontal _____ 19 Vertical _____
 20 Irregular _____ 21 Infra Bony _____ 22 Furcation _____

Other:

- 23 Caries _____ 24 Supernumerary Teeth _____ 25 Root Morphology Abnormal _____
 26 Apical Involvements 27 Unerupted Teeth _____ 28 Root Canal Filling _____
 29 Cysts _____ 30 Missing _____ 31 Pulpotomies _____
 32 Irregular Eruption Pattern _____ 33 Impacted Teeth _____ 34 Bridge _____
 35 Overhangs _____ 36 Open Contacts _____ 37 Poor Contacts _____ 38 Extruded _____
 39 Open Margin _____

Eruption Pattern:

- 40 Normal 41 Early 42 Late

TMJ Xray:

- 43 Transcranial 44 Tomo 45 Panograph
- Normal: 46 Right 47 Left
- Anterior Displacement: 48 Right 49 Left Osteoarthritic Change: 62 Right 63 Left
- Posterior Displacement: 50 Right 51 Left Sclerosis: 64 Right 65 Left
- Superior Displacement: 52 Right 53 Left Osteoporosis: 66 Right 67 Left
- Inferior Displacement: 54 Right 55 Left Flattened Condyle: 68 Right 69 Left
- Loss of Motion: 56 Right 57 Left Flattened Eminence: 70 Right 71 Left
- Subluxation: 58 Right 59 Left Fossa Depth, Shallow: 72 Right 73 Left
- Dislocation: 60 Right 61 Left Lipping of Condyle Head: 74 Right 75 Left



028. CEPHALOMETRIC FINDINGS

- Horizontal Skeletal Pattern: 1 Class I 2 Class II (T) 3 Class III (T)
- Vertical Skeletal Pattern: 4 Neutral 5 Open Bite (T) 6 Deep Bite (T)
- Face Height: 7 Lower Ant Short 8 Lower Ant Long 9 Short Ramus 10 Long Ramus
- Growth Direction: 11 Neutral 12 Clockwise 13 Counterclockwise
- Maxilla Length: 14 Normal 15 Long 16 Short
- Maxilla to Cranium: 17 Normal 18 Anterior 19 Posterior
- Mandible Length: 20 Normal 21 Long 22 Short
- Mandible to Cranium: 23 Normal 24 Anterior 25 Posterior
- Upper Incisor Angulation: 26 Acceptable 27 Procumbent 28 Upright 29 Ling inclined
- Upper Incisor Vertical Position: 30 Acceptable 31 Long 32 Short
- Lower Incisor Angulation: 33 Acceptable 34 Procumbent 35 Upright 36 Ling inclined
- Lower Incisor Vertical Position: 37 Acceptable 38 High 39 Low
- Chin Button: (Po-NB 2-5mm) 40 Average 41 Large 42 Small
- Naso-Labial Angle: 43 Acceptable 44 Obtuse 45 Acute
- Airway: **Lateral** 46 Enlarged Adenoids (space <6mm)_____ 47 Tonsils (space <10mm)_____
- A - P** 48 Turb. Enlargement R L Both 49 Septal Deviation R L Both

029. CLASSIFICATION / DIAGNOSIS

- Phase: I II Primary Early Mixed Late Mixed Early Permanent Permanent
- Skeletal: Class I Class II Class III Open Bite Deep Bite Tendency
- Dental: **Molar Class** I II III Division 1 2 Open Bite Deep Bite
- Subdivision: R L
- Cuspid Class** I II III Subdivision: R L
- Overjet: mild mod severe
- Crossbite: Anterior U L Posterior R L Bilateral Skeletal Dental
- Alignment: Spaced Crowded Mutilated Asymmetrical **Midline Off:** U L
- Type: Limited Extraction Non-Extraction
- Profile (E line): Straight Convex Concave Double Protrusion

030. TREATMENT RECOMMENDATIONS AND OBJECTIVES

040. PROBABLE APPLIANCES AND RETAINERS

050. TREATMENT PLAN SEQUENCE

060. COMMENTS

065. RECOMMENDATIONS FOR PREVENTION OF CAVITIES AND GUM DISEASE

070. FEE: 1 PHASE I _____ 2 PHASE II _____ MONTHS _____

3 EXTRA APPLIANCE FEES: RETAINER(S) _____ 4 OTHER _____