| **Student Number:**  |  |
| --- | --- |
| DATE: |  |
| Patient Initials: |  |
| Chief Complaint: |  |
| AGE: |  |
| Med Hx: |  |
| Dent Hx: |  |
| Other Relevant Hx: |  |

**EXTRA ORAL:**

|  |  |
| --- | --- |
| Skeletal Base: |  |
| Lower Facial Height: |  |
| Mandibular Plane: |  |
| Lip Competence: |  |
| Lip Length: |  |
| Upper incisal show (rest): |  |
| Upper gingival show (smile): |  |
| TMD Signs/Symptoms: |  |

**INTRA ORAL:**

**TEETH PRESENT:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|  |  |  | 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |  |  |  |
|  |  |  | 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |  |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CARIOUS/RESTORED/PERIODONTALLY AFFECTED/ NORMAL (C/R/P/N)

**LOWER LABIAL SEGMENT:**

|  |  |
| --- | --- |
| INCLINATION: |  |
| CROWDING: |  |
| CANINE TIP: |  R: |  L: |

**UPPER LABIAL SEGMENT:**

|  |  |
| --- | --- |
| INCLINATION: |  |
| CROWDING: |  |
| CANINE TIP: |  R: |  L: |

**OCCLUSION:**

|  |  |  |  |
| --- | --- | --- | --- |
| INC CLASS/OJ/OB: |  |  |  |
| CANINE CLASS: |  L: |  R: |
| MOLAR CLASS: |  L: |  R: |
| OPEN BITE: |  |
| CROSS BITE: |  |
| MIDLINE UPPER: |  |
| MIDLINE LOWER: |  |
| ANOMALIES: |  |

**PHOTOGRAPHS:**

**PLEASE ENSURE**

**PICTURES ARE**

**ANONYMOUS**

**SUMMARY:**

**PROBLEM LIST:**

|  |
| --- |
| SKELETAL |
| 1) |  |
| 2) |  |
| 3) |  |
| SOFT TISSUE |
| 1) |  |
| 2) |  |
| 3) |  |
| DENTAL |
| 1) |  |
| 2) |  |
| 3) |  |

**AIMS:**

|  |
| --- |
| SKELETAL |
| 1) |  |
| 2) |  |
| 3) |  |
| SOFT TISSUE |
| 1) |  |
| 2) |  |
| 3) |  |
| DENTAL |
| 1) |  |
| 2) |  |
| 3) |  |

**DENTAL PANORAMIC TOMOGRAM:**

|  |  |
| --- | --- |
| SKELETAL –  |  |
| DENTAL –  |  |

**TREATMENT PLANS PROPOSED:**

1) No treatment – Prognosis:

2)

3)

***Advised Treatment step by step procedure:***

Records required –

Any auxiliary dental/surgical procedures –

***If using Fixed Appliances:***

|  |  |
| --- | --- |
| Ideal appliances –  |  |
| Position of brackets –  |  |
| Bond 7s? –  |  |
| Bite blocks –  |  |
| 2nd appointment –  |  |
| 3rd appointment –  |  |
| Space closure/creation –  |  |
| Levelling procedures –  |  |
| Working arch wires –  |  |

***If using Aligners:***

|  |  |
| --- | --- |
| Which teeth not to move –  |  |
| Attachments upper posteriors –  |  |
| Attachments lower posteriors –  |  |
| Attachments upper anteriors –  |  |
| Attachments lower anteriors –  |  |
| Staging planned –  |  |
| IPR details –  |  |
| Inter arch elastics planned –  |  |
| Adjunctive procedures –  |  |

***Expectations:***

|  |  |
| --- | --- |
| AP correction –  |  |
| Vertical correction –  |  |
| Transverse correction –  |  |
| Space closure/creation –  |  |
| Finishing/refinements –  |  |
| Restorative procedures –  |  |
| Est. Treatment Length –  |  |

***Retention Regimen:***

|  |  |
| --- | --- |
| Main concerns –  |  |
| Retainers advised –  |  |
| Full time wear –  |  |
| Part time wear –  |  |
| Concerns on cooperation –  |  |
| Modifications on retention –  |  |

***Prognostics and Attention Points:***

|  |  |
| --- | --- |
| Skeletal limitations –  |  |
| Soft tissue limitations –  |  |
| Dental limitations –  |  |
| Crowding alleviation –  |  |
| Space closure –  |  |
| Antero-Posterior correction –  |  |
| Vertical correction –  |  |
| Concerns on prognosis –  |  |
| Other dental considerations –  |  |
| Time constraints –  |  |
| Morale –  |  |
| Other –  |  |

**COMMENTS –**