CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 231 | MRN: MRN-231-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Caroline Channing
DOB:	1986-07-20
Gender:	female
Race:	Caucasian
Height:	5 ft 6 in
Weight:	125 lbs
Telecom:	718-555-2319
Address:	350 Bedford Ave, Brooklyn, NY 11249
Marital Status:	Single
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Emergency Contact
Name:	Max Black
Telecom:	718-555-6291
Address:	350 Bedford Ave, Brooklyn, NY 11249
Gender:	female
Organization:	N/A
Period Start:	2011-09-19
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Eleanor Vance, MD
Managing Organization:	Brooklyn General Hospital

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Aetna
Plan Name:	Gold PPO

Plan Type:	PPO
Group ID:	CHANNINGCORP
Group Name:	Channing Enterprises (COBRA)
Member ID:	AETN849204812
Policy Number:	POL987654321
Effective Date:	2022-01-01
Termination Date:	ongoing
Copay:	$50
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	MEM-AETN849204812
Subscriber Name:	Caroline Channing
Relationship:	Self
Subscriber DOB:	1986-07-20
Subscriber Address:	350 Bedford Ave, Brooklyn, NY 11249

II. MEDICAL BIOGRAPHY & HISTORY

Caroline Channing is a 37-year-old female with a unique and stressful psychosocial history. Raised in extreme wealth, she experienced a sudden and dramatic loss of her family's fortune, forcing her into a blue-collar life in Brooklyn. This transition has been a significant source of stress and anxiety, which she believes contributes to her nocturnal bruxism (teeth grinding). Despite these challenges, she is resilient and highly motivated, co-owning and operating a small cupcake business while working as a waitress.

Clinically, her main concerns stem from a long-standing dissatisfaction with her bite and facial aesthetics. She underwent orthodontic treatment with braces in her adolescence, but the results were not stable, and she has experienced a gradual worsening of her underbite. This now causes functional problems, including difficulty with chewing and incising food, as well as frequent temporomandibular joint (TMJ) pain and associated headaches. The aesthetic impact of her concave facial profile and prominent lower jaw is also a source of significant self-consciousness. Her current treatment journey began after she sought care for her jaw pain, leading to a comprehensive evaluation that identified the underlying skeletal issue. She is motivated to proceed with surgery to achieve a stable, functional, and aesthetic long-term result.

III. CLINICAL REPORTS & IMAGING

■ *PRIMARY CARE CONSULT NOTE*

Report Text:
Patient: Caroline Channing (MRN: 231)
DOB: 1986-07-20
Date of Service: 2024-03-25

CHIEF COMPLAINT: "My jaw is always sore, and I feel like my bite is getting worse."

HISTORY OF PRESENT ILLNESS: Ms. Caroline Channing is a 37-year-old female who presents to the clinic today with a 6-month history of progressively worsening jaw pain and discomfort with chewing. The patient describes the pain as a dull ache, localized bilaterally over the temporomandibular joints, often rated 4/10 but increasing to 6/10 after meals. She reports a clicking sound on the right side when opening her mouth widely. She has also noticed increased difficulty in chewing tougher foods like steak or bagels, stating it feels like her back teeth don't meet correctly. Patient also reports waking up with headaches and facial muscle fatigue, which she attributes to clenching her teeth at night due to stress. She has been using an over-the-counter night guard for the past year with minimal relief. She is concerned about the functional and aesthetic aspects of her bite, noting that her lower jaw seems more prominent than before. She denies any recent trauma to the face or jaw. She has a history of orthodontic treatment with braces in her late teens, but feels her bite has shifted significantly since then.

REVIEW OF SYSTEMS:
Constitutional: Denies fever, chills, or recent weight changes. Reports some fatigue, which she relates to stress and poor sleep quality.
HEENT: Positive for headaches and jaw clicking/pain as described above. Denies vision changes, hearing loss, tinnitus, or sore throat.
Cardiovascular: Denies chest pain, palpitations, or edema.
Respiratory: Denies cough, shortness of breath, or wheezing.
GI: Denies nausea, vomiting, or abdominal pain. Reports difficulty with mastication.
Musculoskeletal: Positive for jaw pain. Denies other joint pain or swelling.
Neurological: Denies dizziness, syncope, or focal weakness.
Skin: Denies rashes or lesions.
Psychiatric: Reports significant lif...

■ *ORTHODONTIST REFERRAL LETTER*

Report Text:
To: Dr. Robert Axelrod, Oral and Maxillofacial Surgery
From: Dr. Leonard McCoy, DDS, MS, McCoy Orthodontics
Date: April 2, 2024

RE: Caroline Channing (DOB: 1986-07-20)

Dear Dr. Axelrod,

I am referring Ms. Caroline Channing for an orthognathic surgery consultation. Ms. Channing initially presented to her primary care physician, Dr. Eleanor Vance, with complaints of jaw pain, difficulty chewing, and dissatisfaction with her bite and facial profile. She was subsequently referred to my practice for an orthodontic evaluation.

Ms. Channing has a history of comprehensive orthodontic treatment with fixed appliances from approximately age 16 to 18. Her chief concerns at this time are a prominent lower jaw, an underbite, and the inability to incise foods properly.

My clinical examination and review of her initial records, including panoramic and cephalometric radiographs taken in my office, confirm a significant skeletal Class III malocclusion. The discrepancy is primarily due to maxillary hypoplasia with relative mandibular prognathism. Her molar relationship is end-to-end on the right and full Class III on the left. She has an anterior crossbite with a reverse overjet of -4mm and a deep bite of 4mm. There is moderate

crowding in the lower arch.

We have discussed the treatment options at length. Due to the severity of the underlying skeletal disharmony, orthodontic camouflage (braces alone) would provide a highly compromised and unstable result. It would involve excessive dental compensations that could be detrimental to her long-term periodontal health and would not address her functional or aesthetic chief complaints. Therefore, I have advised Ms. Channing that the most appropriate and stable long-term solution is a combined surgical and orthodontic approach.

My proposed pre-surgical orthodontic plan involves approximately 6-9 months of treatment to de-compensate her arches. This will involve leveling and aligning the teeth, and positioning them correctly over their...

■ *ORAL MAXILLOFACIAL SURGERY CONSULT*

Report Text:
Patient: Caroline Channing (MRN: 231)
DOB: 1986-07-20
Date of Service: 2024-04-10

REASON FOR CONSULTATION: Evaluation for orthognathic surgery.

REFERRING PROVIDER: Dr. Leonard McCoy, DDS, MS (Orthodontist)

HISTORY OF PRESENT ILLNESS: Ms. Channing is a pleasant 37-year-old female referred by her orthodontist, Dr. McCoy, for evaluation for surgical correction of a dentofacial deformity. The patient's chief complaints are functional and aesthetic. Functionally, she struggles with mastication due to a poor bite, has difficulty incising food, and experiences frequent jaw pain and muscle fatigue consistent with TMD. Aesthetically, she is unhappy with her facial profile, specifically the appearance of a recessed midface and a prominent lower jaw and chin. She had braces as a teenager but has experienced significant relapse. She is now in the pre-surgical phase of orthodontic treatment with Dr. McCoy to prepare for surgery.

PAST MEDICAL HISTORY / SURGICAL HISTORY: See PCP note from Dr. Vance. Patient is healthy, no contraindications to general anesthesia identified. No prior surgeries.

REVIEW OF SYSTEMS: Focused on HEENT. Patient reports bilateral TMJ tenderness and clicking, and frequent temporal headaches. No sinus congestion or pressure. Otherwise, as per PCP note, all systems negative.

PHYSICAL EXAMINATION:
Patient is alert, cooperative, and well-nourished.
Facial Analysis:
- Frontal: Face is symmetric, but there is a notable deficiency in the paranasal and infraorbital rim regions, consistent with midface hypoplasia. Lip competence is maintained but with some mentalis strain.
- Profile: Profile is concave with a clear Class III skeletal pattern. There is a deficient projection of the maxilla, a negative orbital vector, and a prognathic mandible. Nasolabial angle is obtuse (>110 degrees). Chin projection is strong.
Intraoral Analysis:
- Occlusion: Angle Class III malocclusion, more pronounced on the left side. Reverse overjet is approximately 4-5 mm. Anterior cr...

■ *CEPHALOMETRIC XRAY REPORT*

Report Text:
Patient Name: Channing, Caroline
Patient ID: MRN-231
DOB: 1986-07-20
Referring Physician: Dr. Robert Axelrod
Date of Study: 2024-04-18

EXAMINATION: Cephalogram, orthodontic (CPT 70355)

TECHNIQUE: A single lateral cephalometric radiograph of the skull was obtained with the patient in a standardized head positioner (Frankfort horizontal plane parallel to the floor). Digital technique was used.

CEPHALOMETRIC ANALYSIS & FINDINGS:
Tracing analysis was performed using the Steiner, Downs, and McNamara methods. The following key measurements were recorded:

SKELETAL - ANTEROPOSTERIOR RELATIONSHIP:
- SNA Angle: 76.0° (Normal: 82° ± 2°). This indicates a significantly retrognathic or hypoplastic maxilla.
- SNB Angle: 83.0° (Normal: 80° ± 2°). This indicates a mildly prognathic mandible relative to the cranial base.
- ANB Angle: -7.0° (Normal: 2° ± 2°). This value strongly confirms a Skeletal Class III relationship, resulting from the combination of a deficient maxilla and prominent mandible.
- Wits Appraisal: -12 mm (Normal: 0 to -1 mm). This further confirms a severe anteroposterior jaw discrepancy.

SKELETAL - VERTICAL RELATIONSHIP:
- SN-MP Angle (Mandibular Plane Angle): 33° (Normal: 32° ± 4°). This indicates a normo-divergent facial growth pattern.
- Facial Height Ratio (N-ANS / ANS-Me): 0.85 (Normal: 0.80). Normal vertical proportions.

DENTAL RELATIONSHIPS:
- Upper Incisor to NA (Angle): 18° (Normal: 22°). Indicates retroclined maxillary incisors, a common dental compensation for a Class III skeleton.
- Upper Incisor to NA (Linear): 3 mm (Normal: 4 mm).
- Lower Incisor to NB (Angle): 19° (Normal: 25°). Indicates significantly retroclined mandibular incisors, also a sign of dental compensation.
- Interincisal Angle: 140° (Normal: 130°). Increased due to the retroclination of both upper and lower incisors.
- Overjet: -4.5 mm (Reverse Overjet).

SOFT TISSUE ANALYSIS:
- Soft Tissue Profile: Concave facial profile.
- Nasolabial Angle: 112° (Normal: 90-110°). Obtuse angle...

■ *PRIMARY CARE PREOP CLEARANCE*

Report Text:

Patient: Caroline Channing (MRN: 231)
DOB: 1986-07-20
Date of Service: 2024-05-15

REASON FOR VISIT: Pre-operative medical evaluation and clearance for LeFort I osteotomy scheduled for late June 2024 with Dr. Robert Axelrod.

HISTORY OF PRESENT ILLNESS: Ms. Channing presents for pre-operative assessment. She is clinically stable and reports no new medical concerns. She understands the upcoming procedure and has been working with her orthodontist and surgeon. She is anxious about the surgery but otherwise feels well.

REVIEW OF SYSTEMS: All systems reviewed and are negative. No fever, chills, cough, shortness of breath, chest pain, palpitations, or any other acute complaints.

PAST MEDICAL/SURGICAL HISTORY: Unchanged from previous visits. No history of adverse reactions to anesthesia.

MEDICATIONS: Unchanged. No use of anticoagulants, antiplatelets, or NSAIDs within the last 7 days other than occasional ibuprofen which she has stopped in anticipation of surgery.

ALLERGIES: NKDA.

SOCIAL HISTORY: Unchanged. Denies smoking, minimal alcohol use, no illicit drug use.

FAMILY HISTORY: Unchanged. No family history of bleeding diathesis or malignant hyperthermia.

PHYSICAL EXAMINATION:
- Vitals: BP 118/76 mmHg, HR 72 bpm, RR 16, Temp 98.4°F, SpO2 99% on RA
- General: Well-appearing female in no acute distress.
- HEENT: Airway appears adequate, Mallampati Class I. Neck is supple. Mucous membranes are moist.
- Cardiovascular: Regular rate and rhythm, S1/S2 normal, no murmurs, rubs, or gallops. Distal pulses 2+ and symmetric.
- Lungs: Clear to auscultation bilaterally, no wheezes, rales, or rhonchi.
- Abdomen: Soft, non-tender, non-distended.
- Extremities: No edema or cyanosis.

LABORATORY RESULTS (from today):
- CBC: WBC 6.8, Hgb 13.5, Hct 40.1%, Plt 250K. All within normal limits.
- Basic Metabolic Panel: Sodium 140, Potassium 4.1, Chloride 102, CO2 25, BUN 14, Creatinine 0.8, Glucose 88. All within normal limits.
- PT/INR: 12.1 sec / 1.0. Normal.
- EKG: Normal sinus rh...

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