

ORTHODONTIC EXAMINATION & DIAGNOSIS FORM

Operator: _____

Patient's name: _____

Age: _____

Sex: _____

Date of initial visit: _____

Patient label

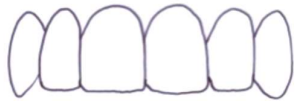
HISTORY

Chief complaint	Family history
Medical history	Habits
Dental/Trauma/Orthodontic history	Physical growth status
Social history	Attitude to treatment

CLINICAL EVALUATION

A. FACIAL EXAMINATION

Frontal Facial Analysis	Profile Analysis
Facial form	Soft tissue facial profile
Vertical facial proportions	Skeletal profile
Facial symmetry	

Lips	
Lip line at rest (<i>draw position of upper lip relative to upper incisors at rest</i>) 	Nasolabial angle
Lip protrusion and competence	Labiomental fold

Tooth-Lip Relationships	
Incisor display at rest	Smile arc
Incisor and gingival display during smile	Buccal corridors

Tongue	
Resting tongue position	Active tongue position

Circumoral muscles	
Tone	Swallow activity

B. TEMPORO-MANDIBULAR JOINT EXAMINATION

TMJ sounds	Range of movement
Deviation on opening/closing	Occlusal interferences
CR-MI slide	Other muscle/joint pathology

C. INTRA-ORAL EXAMINATION

Soft tissue
Status of oral mucosa
Frenal attachments (thickness and position)

Dentition

Type of dentition: _____

Teeth present:

Oral hygiene: _____

Caries activity summary: _____

Anomalies in crown morphology: _____

Periodontal status

Periodontal biotype
Width of keratinized gingiva
Gingival recession
Probing depths
Gingival inflammation
Tooth mobility

Endodontic status

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STUDY MODEL ANALYSIS

A. INTRA-ARCH ANALYSIS

Maxillary Arch	Mandibular Arch
Arch form	Arch form
Arch symmetry	Arch symmetry
Occlusal description	Occlusal description

Crowding/Spacing: _____ mm Specify location:	Crowding/Spacing: _____ mm Specify location:
	Lower curve of spee: _____ mm

B. INTER-ARCH ANALYSIS

Incisor relationship	Overbite _____ mm, _____ %, *complete/incomplete
Canine relationship Right: _____ Left: _____	Open bite
Molar relationship Right: _____ Left: _____	Crossbite
Overjet	Upper dental midline Lower dental midline

**delete as indicated*

RADIOGRAPHIC EVALUATION

A. CEPHALOMETRIC ANALYSIS

Variable	Norm (Chinese)*	Patient's Measurements	Variable	Norm (Chinese)*	Patient's Measurements
SNA	$83 \pm 3^\circ$ # ($81 \pm 3^\circ$)		Lower anterior face height	50-55%	
SNB	$80 \pm 3^\circ$ # ($78 \pm 3^\circ$)		U1-Mx	$118 \pm 6^\circ$ # ($109 \pm 6^\circ$)	
ANB	$3 \pm 2^\circ$ # ($2 \pm 4^\circ$)		L1-APog	$5 \pm 2\text{mm}$ # ($1 \pm 2\text{mm}$)	
WITS	$-4.5 \pm 3\text{mm}$		L1-MP	$97 \pm 7^\circ$ # ($93 \pm 6^\circ$)	
MMA	$26 \pm 5^\circ$		*Corrected L1-MP		
FMA	$25 \pm 5^\circ$		Lower lip to 'E' line	$4 \pm 2\text{mm}$ # ($2 \pm 2\text{mm}$)	

*Chinese norms (Cooke and Wei 1988)

Caucasian norm (Eastman Standard)

* The inclination of lower incisor needs to be corrected if:

MMA is decreased: Corrected L1-MP = $(26^\circ - \text{MMA}) + 97^\circ$

MMA is increased: Corrected L1-MP = $97^\circ - (\text{MMA} - 26^\circ)$

B. OPG and, (if indicated) BITEWINGS, PERIAPICAL RADIOGRAPHS

Bone pathology	Caries activity/Status of restorations
Teeth present	Impacted teeth
Dental age	Alveolar bone loss
Root morphology/length anomalies	Periapical status

C. OTHER RADIOGRAPHIC FINDINGS (if any)

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DIAGNOSIS

A. GENERAL

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B. ORTHODONTIC PROBLEM LIST

Skeletal
Dental
Soft tissue
Index of Orthodontic Treatment Need – Dental Health Component

FOLLOW-UP (*tick the relevant box*)

- ☐ Interceptive treatment
- ☐ Comprehensive orthodontic treatment
- ☐ Combined orthodontic-orthognathic treatment
- ☐ Monitor
- ☐ No treatment

LEARNING ISSUES

Learning Issues	Date of Initiation	Date of Presentation	Staff Signature

Date of Case Presentation: _____

Staff Signature: _____

Staff Name: _____