CASE RECORD A

NAME: O.P. NO: AGE/SEX:

DATE OF BIRTH : ETHNIC ORIGIN RELIGION:

POSTAL ADDRESS:

FATHER/GUARDIAN’S NAME: TEL NO.

EMAIL: OCCUPATION: DIET:

1. **CHIEF COMPLAINT:**
2. **PRE-NATAL HISTORY:**

Informer :

Condition of Mother during Pregnancy :

Delivery :

Type :

1. **POST-NATAL HISTORY:**

Feeding :

Duration and Frequency of bottle :

Milestones of Development

**NORMAL**

Sitting : 6months

Crawling : 9months

Standing : 12months

Walking : 15months

Running : 18months

Phonation : 20months

1. **HABITS 5.INJURIES**

**6. MEDICAL HISTORY:**

Childhood diseases :

History of Tonsillectomy and Adenoidectomy:

**7.DENTAL HISTORY :**

**8.FAMILIAL MALOCCLUSION HISTORY:**

PARENTS: SIBLINGS:

**9.GENERAL HISTORY:**

Reasons for taking Orthodontic Treatment :

Esthetics/Function/Speech/Hygiene :

Patient’s Concern for Orthodontic Treatment :

Attitude of patient towards treatment :

**10.BRUSHING HABITS: 11.PUBERTAL STATUS:**

**12. ANY OTHER INFORMATION:**

CLINICAL EXAMINATION B

1. **PHYSICAL STATUS**

Build: Height: Weight: Body Type :

1. **EXTRA ORAL EXAMINATION**

Shape of head : Interlabial Gap :

Facial Form : Lip Posture And Tonicity:

Facial Profile : Mento Labial Sulcus :

Facial divergence:

Nasolabial angle :

Symmetry :

Facial proportions : V.T.O :

Clinical FMA : Naso Labial Angle :

Lip Length : Smile Arc :

At the Philtrum :

At Corner of Mouth :

1. **FUNCTIONAL EXAMINATION**

Respiration : Deglutition :

Mastication : Speech :

Postural rest position :

Perioral muscle activity:

Hyperactive mentalis/hypotonic upperlip

**AMOUNT OF INCISOR EXPOSURE:**

At Rest :.....................mm During Speech:....................mm During Smile :.....................mm

##### 4.T M J EXAMINATION

Jaw Function / TMJ complaint now No Yes

If yes specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of pain No Yes - duration

History of sounds No Yes - duration

TM Joint tenderness to palpation No Yes Rt Lt

Muscle tenderness to palpation No Yes - if yes, where

Range of Motion: Max opening \_\_\_\_\_\_\_\_m.m Protusion \_\_\_\_\_\_\_\_\_\_\_m.m

Rt Excursion \_\_\_\_\_\_\_\_m.m Left Excursion\_\_\_\_\_\_\_\_m.m

1. **INTRAORAL EXAMINATION**

**SOFT TISSUES:**

Oral Hygiene Status :

Gingiva : Normal/Oedematous/Fibrous

Brushing Habits : Good/Satisfactory/Poor

Position of Mucogingival Junction :

Frenal Attachment : Upper Lower :

**TONGUE**  :

Size: Shape: Movements: Posture:

**ORAL MUCOSA:**

**HARD TISSUES:**

Number of teeth present :

Number of unerupted teeth :

Supernumerary/missing teeth :

Size, form of teeth :

Texture :

Caries :

Endodontically treated :

Occlusal wear facets :

**MAXILLARY ARCH:**

Shape : average/ ‘v’ shaped / ‘u’ shaped / square

Arch symmetry : symmetrical / asymmetrical

Arch alignment :

Palatal contour :

**MANDIBULAR ARCH:**

Shape : average/ ‘v’ shaped / ‘u’ shaped / square

Arch symmetry : symmetrical / asymmetrical

Arch alignment :

Curve of spee :

**RELATION OF MANDIBULAR TO MAXILLARY ARCH:**

**MIDLINE:** Upper: Lower: Functional:

Maximum opening (incisal edges):

Freeway space :

Curve of spee :

**ANTERO-POSTERIOR RELATIONSHIP:**

Molar relation : Canine Relation:

Incisor Relation : Overjet\_\_\_\_\_\_\_\_m.m

**VERTICAL RELATIONSHIP:** Overbite\_\_\_\_\_\_\_m.m/\_\_\_\_\_\_\_\_%

**TRANSVERSE RELATIONSHIP:** Crossbite / Scissor bite etc.,

# Radiographic and Cephalometric Record C

## Intra Oral Radiographs:

1. Teeth Present:
2. Teeth Absent:
3. Root Resorption Root Formation
4. Eruption Levels Lamina dura and height of interdental crest
5. Supernumerary teeth Third Molar
6. Pathological Conditions Any other special Investigations: