ORTHODONTIC INDEX AND EVALUATION OF OCCLUSION

I. PATIENT IDENTIFICATION

Patient's Name (Last, First, MI):_____ Patient's Date of Birth: _____

Sponsor's Name (Last, First, MI):_____Sponsor's Rank: _____

Sponsor's SSN: _____ Sponsor's Duty Station: _____

Phone: (home) _____ (duty) _____

Sponsor's Rotation Date: _____

II. PROFILE (Check one) __Concave __Straight __Convex

III. ANGLE CLASSIFICATION

Skeletal Class: __I __II __III Dental Class: __I __II, Div 1 __II, Div 2 __III

IV. CONDITIONS

	POINTS
Overjet (Underjet) in mm (1 point per mm)	_____
Overbite in mm (1 point per mm)	_____
Open bite in mm (3 points per mm)	_____
Maxillary crowding in mm (1 point per mm)	_____
Mandibular crowding in mm (1 point per mm)	_____
Crossbites (10 points for adolescent, 5 points for adult)	_____
Other _____	_____
TOTAL POINTS	_____

V. ADDITIONAL CONSIDERATIONS AND COMMENTS

Interceptive needs: _____

Cleft palate or other craniofacial anomalies: _____

Previous extractions for orthodontic reasons: _____

Soft tissue trauma from occlusion: _____

Masticatory, speech, or breathing difficulties: _____

Supernumerary or missing teeth _____

Other: _____

_____

_____

VI. RECOMMENDED DISPOSITION (Pending records) (check one)

__Stat __6-12 Months __Observation __Space available __No treatment __Other _____

Signature of Examiner: _____ Date:_____

Examining Facility: _____