



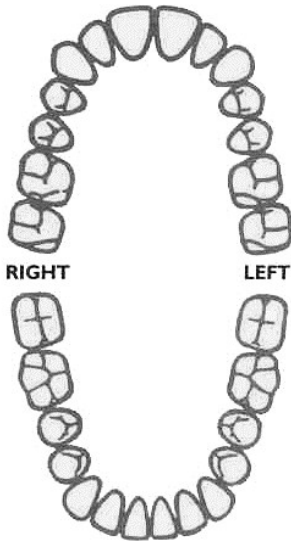
Dentist Name: _____

Patient Name: _____

Date: _____ Age: _____ Sex: _____

Orthodontic Examination Chart

ORAL EXAM



PERMANENT DENTITION

Tooth Missing: **M** _____

Tooth Blocked Out: **B** _____

Supernumerary Tooth: **S** _____

Upper Dental Midline: _____

Upper Skeletal Midline: _____

Molar Class: Left _____ Right _____

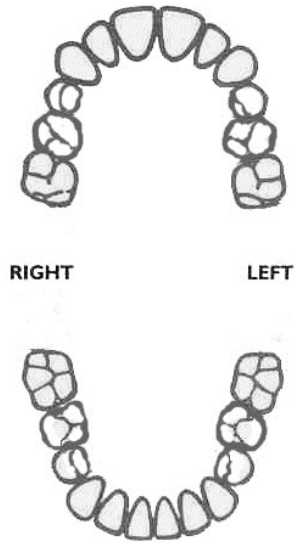
Cuspid Class: Left _____ Right _____

Crossbite: _____

Reverse Crossbite: _____

Vertical Dimension: _____

Overjet: _____



MIXED DENTITION

Upper Labial Frenum: _____

Lower Labial Frenum: _____

Lingual Frenum: _____

Lower Dental Midline: _____

Lower Skeletal Midline: _____

Please Circle

• SOFT TISSUE PERIO

Excellent

Average

Poor

Very Poor

Please Circle

• HARD TISSUE PERIO

Excellent

Average

Poor

Very Poor

TMJ EXAM

Range of Vertical Motion: _____

Opening Deviation: L _____ R _____

Closing Deviation: L _____ R _____

Opening Click: L _____ R _____

Closing Click: L _____ R _____

Pain in TMJ: L _____ R _____

Head & Neck Pain: L _____ R _____

Left Lateral: _____

Right Lateral: _____

CHART JAW OPENING

--	--

R

Millimeters

L

AIRWAY

Mouth Breathing: Y _____ N _____

Tonsils: Y _____ N _____

Adenoids: Y _____ N _____

High Palate: Y _____ N _____

Turbinate: Y _____ N _____

EARS

Eustachian Tubes: L _____ R _____

Pain: L _____ R _____

Drainage: L _____ R _____

Tinnitus: L _____ R _____

Vertigo: Y _____ N _____

DIAGNOSTIC RECORDS

1. Orthodontic Study Models Enclosed: _____

2. Fabricate Orthodontic Study Models: Stone: _____ Digital: _____

3. Cephalometric Radiograph: _____

4. Panoramic Radiograph: _____

5. TMJ Radiographs: _____

6. Photographs: Five Intra-oral: _____ Three Extra-oral: _____

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