

ORTHODONTIC ASSESSMENT

Date			Clinician	
Patient name				
Reason for attendance				
	E	XTRA ORAL EX	KAMINATION	
	Class I	Mild		
Skeletal	Class II	Moderate		
	Class III	Severe		
FMPA	High	Average	Low	
Lower Face Height	High	Average	Low	
Facial	Yes	Details	3	
asymmetry	No			
	Details	Details		
Soft tissue				
	8 7 6 5 4	3 2 1	1 2 3 4 5 6 78	
Teeth present	8 7 6 5 4	3 2 1	1 2 3 4 5 6 78	



ORTHODONTIC ASSESSMENT

INTRA ORAL EXAMINATION

	Class I			Overjet	mm
Incisor Relationship	Class II	div I	div II		
	Class III			Overbite	% overlap of incisors
	Coincident				
Centerlines	Deviated	Upper	Lower		
		Left	Right	by	mm
Displacement on closure	Yes	Details			
	No				
	Right Le	eft .			
Molar Relationship	Class I	Right		Right	Right
	Class II	1/4	1/2	3/4	Full
	Class III	Left	Left 1/2	Left 3/4	Left Full
	Right Le	eft			
Canine Relationship	Class I	Right	Right	Right	Right Full
	Class II	Left		Left	Left
	Class III	1/4	1/2	3/4	Full



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Crossbite	Yes	Details		
Spacing / Crowding	Upper Arch		Lower Arch	
Radiographs taken	OPG	Ceph	PA (number)	BW
	Details			
Case Summary				
Problem List				



Clear Aligner ORTHODONTIC ASSESSMENT

Treatment Aims (Ideal)
Treatment Aims (Compromise)
Treatment Plan