

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: _____
