



NIHB ORTHODONTIC SUMMARY SHEET

Section 1 Provider Information			
Name & Mailing Address/ Office Stamp	Prescriber's Telephone No.		
Section 2 Patient Information			
Surname	Given Name	Date of Birth (YYYY/MM/DD)	Sex : <input type="checkbox"/> M <input type="checkbox"/> F
Oral Hygiene			
Chief Complaint: Patient		Chief Complaint: Parent/Guardian	
Skeletal and Soft Tissue/ Dental Characteristics			
Special Features (Radiographical and Functional Analysis, Periodontal Treatment)			
Treatment Objectives			
Treatment Plan			
Active Treatment Time:			
Retention Time:			
Cost	Date (YYYY-MM-DD)	Provider's Signature	
I/ we understand the nature of the proposed orthodontic treatment and the commitment required should this be approved.			
Signature (Parent/Guardian)		Patient	



**GUIDELINES FOR COMPLETION OF ORTHODONTIC SUMMARY SHEET
AND TO BE CONSIDERED IN THE DEVELOPMENT OF THE TREATMENT PLAN**

SKELETAL AND SOFT TISSUE ANALYSIS

- 1. Dysplasia
 - Class I
 - Class II
 - Class III
- 2. Symmetry
 - Transverse
 - AP Discrepancy
- 3. Face Height
- 4. Profile
- 5. Lip Competency

MODEL ANALYSIS

- | | | | |
|---|--------------|-------------|--------------|
| 1. Buccal Occlusion Assessment/
Right | - AP | Left | - AP |
| | - Vertical | | - Vertical |
| | - Transverse | | - Transverse |
- 2. Overjet
 - 3. Overbite/ Openbite
 - 4. Midline Relationships
 - 5. Crossbites – anterior/ posterior
 - 6. Missing/ impacted teeth (including dental morphology)
 - 7. Tooth Size/ Arch Size
 - 8. Anterior
 - 9. Posterior
 - 10. Specific Dental Irregularities (e.g. displacements, rotations)
 - 11. Diastemas

RADIOGRAPHIC ANALYSIS

- 1. Root configuration and anomalies
- 2. Impacted/ supernumerary/ ankylosed teeth
- 3. Pathology

FUNCTIONAL ANALYSIS

- 1. CR-CO Relationship
- 2. Displacement (anterior/ posterior/ lateral)
- 3. TMD
- 4. Perioral Habits

PERIODONTAL ASSESSMENT

- 1. Oral Hygiene
- 2. Periodontal Structures
- 3. Attachments - Frenum