

12 MONTH SMILES

“SMILE WITH STYLE”

Diagnosis Card

Patient Name: _____ Date: _____

Teen/Adult

Teen: Growing Male or Female/ Non growing

Adult: Taking any bone density meds: Yes/No

Chief complaint: _____

Extra Oral Findings

Symmetric Face: Yes/No

Profile view: Straight/Convex/Concave

Mandibular Plane L: Hyperdivergent/Average/Hypodivergent

Intra Oral Findings

Molar CI I: Rt side Yes/No Left Side Yes/No

Canine CI I: Rt side Yes/No Left Side Yes/No

Crowding: Mild/ Moderate/ Severe

Spacing: Mild/Moderate/Severe with normal/Small teeth

Peg Shaped Lateral Incisors: _____

Overjet: _____ mm Open Bite: _____mm

Deep bite: Mild/Moderate/Severe

Ant/Post Cross Bite

Midline:

U Arch Parallel with Philtrum: Yes/No

U/L Midline parallel with each other: Yes/No

Even/Uneven Gingival Margins: _____

Even/Uneven Incisal Margins: _____

Detorqued Ant teeth: Yes/No

TMJ Evaluation: Clicking/Popping/Pain in the jaw

Canted tooth/Canted arch: _____

Missing/Blocked Out/Deci/Supernumerary tooth: _____

Severe Rotations (need fibrotomy): _____

Labial Frenum: Enlarged/Normal

Wisdom teeth: _____

Oral Hygiene: Fair/Very Fair/Good

Treatment Plan:

Dr Signature: _____

Date: _____