



# ORTHODONTIC ASSESSMENT

Date

Clinician

Patient name

Reason for attendance

## EXTRA ORAL EXAMINATION

Skeletal

Class I	Mild
Class II	Moderate
Class III	Severe

FMPA

High	Average	Low
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Lower Face Height

High	Average	Low
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Facial asymmetry

Yes

No

Details

Soft tissue

Details

Teeth present

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8



# ORTHODONTIC ASSESSMENT

## INTRA ORAL EXAMINATION

Incisor Relationship

Class I			Overjet	mm
Class II	div I	div II		
Class III			Overbite	% overlap of incisors

Centerlines

Coincident				
Deviated	Upper	Lower		
	Left	Right	by	mm

Displacement on closure

Yes	Details
No	

Molar Relationship

	Right	Left				
Class I			Right	Right	Right	Right
			1/4	1/2	3/4	Full
Class II			Left	Left	Left	Left
Class III			1/4	1/2	3/4	Full

Canine Relationship

	Right	Left				
Class I			Right	Right	Right	Right
			1/4	1/2	3/4	Full
Class II			Left	Left	Left	Left
Class III			1/4	1/2	3/4	Full



# ORTHODONTIC ASSESSMENT

Crossbite

Yes

No

Details

Spacing /  
Crowding

Upper Arch

Lower Arch

Radiographs  
taken

OPG

Ceph

PA (number)

BW

Details

Case Summary

Problem List



Treatment Aims (Ideal)

Treatment Aims (Compromise)

Treatment Plan