

ORTHODONTIC ASSESSMENT FORM

Patient Name: _____

Date: _____

Crowding



Before

After

Spacing / Open Bite



Before

After

Lingual Inclination



Before

After

Deep Bite



Before

After

Edge To Edge Bite



Before

After

Anterior Crossbite



Before

After

Non-Carious Class V Lesion



Temporary Fix

Restorative Fix

These findings concern me because:

- Your teeth are chipping
- Your teeth are wearing down
- Your teeth are shifting
- Your gums are bleeding
- Your gums are receding
- Your ability to clean is compromised
- Your oral health is deteriorating

Taking your teeth out of trauma and putting them in the proper position could help improve these conditions.

Have you ever considered straightening your teeth?

- No Maybe Yes Retainer/Night Guard

Staff Member _____