

ALTAMASH INSTITUTE OF DENTAL MEDICINE

DEPARTMENT OF ORTHODONTICS



LOG BOOK

STUDENT'S FULL NAME:

ROLL NUMBER:

H.O.D / Incharge of the Department



AIDM MISSION STATEMENT

“We forge the future of dentistry by flourishing impeccable clinicians, educators and researchers to deliver oral health by caring for the needs of diverse community, seeking innovations in education, patient care, research and serving as leaders in health profession”

We implement the institutional policies according to the educational outcomes below:

OUTCOMES:

BY THE END OF THE YEAR, STUDENTS SHOULD BE ABLE TO:

- 1. Recognize the basic scientific principles needed to practice the quality standards of oral health care.**
- 2. Follow and select appropriate scientific resources related to new guidelines governed by the dental profession.**
- 3. Practice evidence based dentistry as independent practitioner following high standards.**
- 4. Engage in self-directed lifelong learning.**
- 5. Effectively manage Community based Oral Health in order to employ professionalism and work ethics in practice.**

**Reviewed & Approved By:
DME, AIDM**

STUDENT PORTFOLIO

S.NO	TEST TYPE	TOTAL MARKS				PERCENTAGE
1	Class Tests					
2	Assignments					
3	Presentations					
4	Mid Term Exam					
5	Mock Exam					
6	Rotation Test					
7	Lectures Attendance					
8	O.P.D Attendance					

Total Percentage:

Internal Evaluation

<u>Theory (10)</u>	<u>OSPE (15)</u>	<u>Total (25)</u>

Comments:

NUMBER OF PROCEDURES

PROCEDURE LIST ORTHODONTICS

PROCEDURE		COMPETENCY		
		Observe	Performed Under Supervision	Performed Independently
1	History Taking	1	1	2
2	Informed Consent	1	1	2
3	Clinical Examination	2	2	3
4	Impression Taking	1	1	2
5	Orthodontic Photography	3	2	2
6	Fabrication of Cast	1	2	2
7	Fixed Appliance Adjustment	5	5	0
8	Removable Appliance Adjustment	2	2	0
9	Cephalometric Analysis	2	2	3
10	Cast Analysis	2	2	3
11	Fabrication of Appliance	2	2	0
12	Appliance Insertion	1	2	0
13	Bands Cementation	1	2	3
14	Bracket Bonding	1	2	2
15	Diagnosis and Treatment Planning	5	2	1
16	Total 85	30	30	25

PRESENTATIONS	
1	Book Club
2	Journal Club/Research
3	Poster competition

CODE OF CONDUCT

1. The student has to be in the orthodontic OPD by 9:05 a.m.
2. Students are supposed to be wearing Lab Coats in the department at all times.
3. Students can have half an hour of lunch break and can leave the department only after informing their residents and the demonstrator.
4. If the student leaves the department without consent, they will be marked absent.
5. If the student leave the department before 4 p.m. they will be marked absent.

ALTAMASH INSTITUTE OF DENTAL MEDICINE



CERTIFICATE

**This is to certify that _____ has
performed all required clinical work and is eligible
to appear in orthodontics exam.**

Head of the Department

ORTHODONTICS O.P.D QUOTA

1. Removable appliances (Hawley's Retainer) _____	02
2. History taking _____	02
3. Clinical Examination _____	02
4. Cast Analysis _____	05
5. Cephalometric Analysis _____	05
6. Mixed Dentition Analysis _____	02
7. OPG _____	02
8. Diagnosis and Problem List making _____	02
9. Treatment Planning _____	02
10. Wire Bending Exercises:	
a) Adam's Clasp _____	10
b) Labial Bow _____	05
c) Canine Retractor _____	05
d) Cantilever and Z spring _____	01

EVALUATION CRITERIA

MARKING CODE:

A	EXCELLENT
B	GOOD
C	AVERAGE
D	POOR

Removable appliance (Hawley's Retainer)

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			

History Taking

S.NO	DATE	REGISTRAR'S SIGNATURE
01.		

02.		
-----	--	--

Clinical Examination

S.NO	DATE	REGISTRAR'S SIGNATURE
01.		
02.		

Cast Analysis

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			
03.			
04.			
05.			

Mixed Dentition Analysis

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			

OPG

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			

Cephalometric Analysis

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			
03.			
04.			
05.			

Diagnosis and Problem List Making

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			

02.			
-----	--	--	--

Treatment Planning

S.NO	DATE	GRADE	REGISTRAR'S SIGNATURE
01.			
02.			

Wire Bending Exercise

S.NO	ADAMS CLASP	LABIAL BOW	CANINE RETRACTOR	CANTILEVER & Z SPRING
01.				
02.				
03.				
04.				
06.				
07.				
08.				
09.				
10.				

PATIENT RECORD SHEET

PERSONAL DATA

NAME: _____

AGE: _____

SEX: _____

MARITAL STATUS: _____

OCCUPATION: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBER: _____

CHIEF COMPLAIN

IN PATIENTS OWN WORDS:

	Y	N	?
IMPAIRED ESTHETICS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPAIRED FUNCTION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL HISTORY

	Y	N	?
Problems at Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Naso-respiratory Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Hearing Deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy & Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hereditary Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.I disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

FAMILY HISTORY

	Y	N	?
DENTO-FACIAL ESTHETICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKELETAL MORPHOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFT TISSUE FEATURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENTAL HISTORY

	Y	N	?
Previous Dental Complaints & Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth ache/ Cavities/ Restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Temperature/ Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma to the teeth/ jaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inherited Dental/ Facial Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halitosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations in Opening and Closing of Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____			

PARAFUNCTIONAL HABITS

	Y	N	?
Thumb Sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue Thrusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clenching/Bruxism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL & BEHAVIORAL STATUS

	Can Afford	Cannot Afford	Deserving
Social Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Internal	External
Motivation	<input type="checkbox"/>	<input type="checkbox"/>

Expectation:

CLINICAL EXAMINATION

EXTRA ORAL EXAMINATION (ASSESSMENT OF FACIAL ESTHETICS)

Head Form:	Dolichocephalic	<input type="checkbox"/>
	Mechencephalic	<input type="checkbox"/>
	Brachycephalic	<input type="checkbox"/>
Face Form:	Leptoprosopic	<input type="checkbox"/>
	Euryprosopic	<input type="checkbox"/>
	Mesiosoprosopic	<input type="checkbox"/>
Face Profile:	Convex	<input type="checkbox"/>
	Straight	<input type="checkbox"/>
	Concave	<input type="checkbox"/>
Frontal View:	Symmetrical	<input type="checkbox"/>
	Asymmetrical	<input type="checkbox"/>
Mandibular Plane Angle:	Open	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Close	<input type="checkbox"/>
Lip Posture:	Normal	<input type="checkbox"/>
	Protruded	<input type="checkbox"/>
	Retruded	<input type="checkbox"/>
Lip Competency:	Incompetent	<input type="checkbox"/>
	Competent	<input type="checkbox"/>
Lip Shape:	Thick	<input type="checkbox"/>
	Average	<input type="checkbox"/>
	Thin	<input type="checkbox"/>
Smile Line:	Average (2mm gingivae)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>
Inter-Labial Gap:	Average (1-5mm)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>
Upper Tooth-Lip Relation:	Average (1-5mm)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>

INTRA ORAL EXAMINATION (ASSESSMENT OF ORAL HEALTH):

Dentition Status:

Eruption Pattern:

Early

Normal

Late

Midline (Maxillary):

Shifted to Right

Central

Shifted to Left

Midline (Mandibular):

Shifted to Right

Central

Shifted to Left

Periodontal Status:

Mucosal Status:

Labial Frenum:

Rudimentary

Thin

Thick

Normal

Soft Tissue Regions:

SCREENING EXAM FOR JAW FUNCTION (TMJ)

1. Jaw function/ TM joint.

Yes No

2. Complain now :

If Yes, Specify:

3. History of pain: No Yes Duration: _____

4. History of sound: No Yes Duration: _____

5. Tm joint tenderness to palpation: No Yes Side: _____

6. Muscle tenderness to palpation : No Yes

If Yes, where?

7. Range of motion: Maximum opening: _____ mm

Right Excursion: _____ mm

Left Excursion: _____ mm

Protrusion: _____ mm

CAST ANALYSIS

Functional Analysis (Analysis of Jaw Function)

Overjet (mm)	Normal(2-4mm)	<input type="checkbox"/>
	Mild (4-8mm)	<input type="checkbox"/>
	Moderate (8-12mm)	<input type="checkbox"/>
	Severe (>12mm)	<input type="checkbox"/>
	Reverse Overjet (mild/mod/sev)	<input type="checkbox"/>
Overbite (%)	Normal (20-40%)	<input type="checkbox"/>
	Mild (40-60%)	<input type="checkbox"/>
	Moderate (60-80%)	<input type="checkbox"/>
	Severe (80-100%)	<input type="checkbox"/>
	Open bite (mild/moderate)	<input type="checkbox"/>
Molar Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Molar Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Posterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Anterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Curve of Spee	Excessive	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Straight	<input type="checkbox"/>

Space Analysis

MAXILLA

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

MANDIBLE

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Bolton Analysis

Anterior Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (3-3)x100

The sum of Mesiodistal width of maxillary anterior teeth (3-3)x100

= _____ 100

= _____ % (77.2%)

Conclusion:

Overall Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (6-6)x100

The sum of Mesiodistal width of maxillary anterior teeth (6-6)x100

= _____ 100

= _____ % (91.3%)

Conclusion:

MODEL ANALYSIS

Arch Shape V-Shape U-Shape Ovoid Others

Vault of the Palate Deep Shallow Normal

Bony Growth / Exostosis Yes No

Labial Frenum

Maxilla: Rudimentary Thin Thick Normal

Mandible: Rudimentary Thin Thick Normal

Midline: Shifted to Lt. Shifted to Rt. Normal

Dentition Status:

Labioversion _____

Linguoversion _____

Palatoversion _____

Supraversion _____

Torsiversion _____

Infraversion _____

Mesioversion _____

Distoversion _____

Missing Teeth _____

CEPHALOMETRIC ANALYSIS:

Sagittal Analysis:

SNA	: 82 ± 2	: _____
SNB	: 78 ± 2	: _____
ANB	: 2 ± 2	: _____
FA	: 87 ± 3	: _____
McNamara- A	: 1 ± 2 mm	: _____
McNamara- Pog	: -3 ± 4 mm	: _____
Witts AO/BO	: 0 ± 2 mm	: _____

Vertical Analysis

SNMP	: 32 ± 4	: _____
FHMP	: 25 ± 4	: _____
Y- Axis	: 60 ± 4	: _____
Facial Axis	: 90	: _____
PFH/TAFH x 100	: 65%	: _____
LFH/TAFH x 100	: 55%	: _____

Dental Analysis

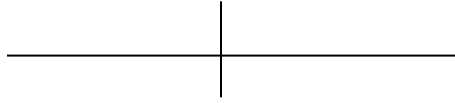
UI-SN	: 102 ± 4	: _____
IM-PA	: 90	: _____
II (angle)	: 125-135	: _____
UI-NA (angle)	: 22	: _____
UI-NA (distance)	: 4 ± 2 mm	: _____
LI-NB (angle)	: 25	: _____
LI-NB (distance)	: 4 ± 2 mm	: _____
Holdaway Ratio	: 1 : 1	: _____

Soft Tissue Analysis

E – Plane	: Upper Lip -3 ± 2 mm	: _____
	: Lower Lip -2 ± 2 mm	: _____
S- Plane	: Upper Lip -0 ± 2 mm	: _____
	: Lower Lip -0 ± 2 mm	: _____
Z-Angle	: 76 ± 5	: _____
Nasolabial Angle	: 90-110	: _____

INTERPRETATION OF ORTHO-PANTOMOGRAPH (OPG):

Number of Teeth Present: _____



	Y	N
Hard Tissue Abnormality:	<input type="checkbox"/>	<input type="checkbox"/>

Bone Loss:	<input type="checkbox"/>	<input type="checkbox"/>
------------	--------------------------	--------------------------

If "Yes" then either:	Horizontal:	<input type="checkbox"/>
	Vertical:	<input type="checkbox"/>

Root Formation:	Completed	<input type="checkbox"/>
	Incomplete	<input type="checkbox"/>

Dental Malformations:	Supernumeraries	<input type="checkbox"/>
	Others	<input type="checkbox"/>

Age Assessment: _____

Any Other Abnormality:

ORTHODONTICS DIAGNOSIS

Problem List:

(According to the appearance in the data)

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Diagnosis:

- _____
- _____
- _____
- _____

Orthodontic Treatment Approaches:

- Preventive Orthodontics:
- Interceptive Orthodontics:
- Growth Modification:
- BI-Phasic Treatment:
- Comprehensive Adult Treatment:
- Orthognathic Surgery:

ORTHODONTIC TREATMENT PLAN

DEFINITIVE TREATMENT

The aim of this treatment is:

- _____
- _____
- _____
- _____

Pretreatment Procedures:

Scaling & Polishing:

Extraction: _____

Restorations: _____

Treatment Phases:

Fixed Appliance Therapy:

Band size & placement : _____

Bracket prescription & Slot size: _

Headgear Therapy:

- | | | |
|-------------|------------------------|--------------------------|
| Cervical | Stabilization 8-10 hrs | <input type="checkbox"/> |
| Combination | Anchorage 14-16 hrs | <input type="checkbox"/> |
| Chin cup | Distalization 24 hrs | <input type="checkbox"/> |
| Reverse | Activation 14-16 hrs | <input type="checkbox"/> |

Anchorage Plan:

- Nance Lingual Arch Trans-palatal Stops

Retention:

- | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------|-------------------------------|--------------------------|
| <u>Maxillary:</u> | Hawley's Non-Extraction: | <input type="checkbox"/> | <u>Mandibular:</u> | Canine to Canine Lingual: | <input type="checkbox"/> |
| | Hawley's Extraction: | <input type="checkbox"/> | | Premolar to Premolar Lingual: | <input type="checkbox"/> |
| | Hawley's Rest Phase: | <input type="checkbox"/> | | Hawley's Retainer: | <input type="checkbox"/> |

PATIENT RECORD SHEET

PERSONAL DATA

NAME: _____

AGE: _____

SEX: _____

MARITAL STATUS: _____

OCCUPATION: _____

RESIDENTIAL ADDRESS: _____

TELEPHONE NUMBER: _____

CHIEF COMPLAIN

IN PATIENTS OWN WORDS:

	Y	N	?
IMPAIRED ESTHETICS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPAIRED FUNCTION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL HISTORY

	Y	N	?
Problems at Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naso-respiratory Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech & Hearing Deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy & Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hereditary Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip/palate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.I disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

FAMILY HISTORY

	Y	N	?
DENTO-FACIAL ESTHETICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKELETAL MORPHOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFT TISSUE FEATURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENTAL HISTORY

	Y	N	?
Previous Dental Complaints & Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth ache/ Cavities/ Restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Temperature/ Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma to the teeth/ jaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inherited Dental/ Facial Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halitosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations in Opening and Closing of Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

PARAFUNCTIONAL HABITS

	Y	N	?
Thumb Sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger Sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue Thrusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clenching/Bruxism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL & BEHAVIORAL STATUS

	Can Afford	Cannot Afford	Deserving
Social Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal	External	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	

Expectation:

CLINICAL EXAMINATION

EXTRA ORAL EXAMINATION (ASSESSMENT OF FACIAL ESTHETICS)

Head Form:	Dolichocephalic	<input type="checkbox"/>
	Mechencephalic	<input type="checkbox"/>
	Brachycephalic	<input type="checkbox"/>
Face Form:	Leptoprosopic	<input type="checkbox"/>
	Euryprosopic	<input type="checkbox"/>
	Mesiprosopic	<input type="checkbox"/>
Face Profile:	Convex	<input type="checkbox"/>
	Straight	<input type="checkbox"/>
	Concave	<input type="checkbox"/>
Frontal View:	Symmetrical	<input type="checkbox"/>
	Asymmetrical	<input type="checkbox"/>
Mandibular Plane Angle:	Open	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Close	<input type="checkbox"/>
Lip Posture:	Normal	<input type="checkbox"/>
	Protruded	<input type="checkbox"/>
	Retruded	<input type="checkbox"/>
Lip Competency:	Incompetent	<input type="checkbox"/>
	Competent	<input type="checkbox"/>
Lip Shape:	Thick	<input type="checkbox"/>
	Average	<input type="checkbox"/>
	Thin	<input type="checkbox"/>
Smile Line:	Average (2mm gingivae)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>
Inter-Labial Gap:	Average (1-5mm)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>
Upper Tooth-Lip Relation:	Average (1-5mm)	<input type="checkbox"/>
	Excessive	<input type="checkbox"/>
	Minimal	<input type="checkbox"/>

INTRA ORAL EXAMINATION (ASSESSMENT OF ORAL HEALTH):

Dentition Status:

Eruption Pattern:	Early	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Late	<input type="checkbox"/>

Midline (Maxillary):	Shifted to Right	<input type="checkbox"/>
	Central	<input type="checkbox"/>
	Shifted to Left	<input type="checkbox"/>

Midline (Mandibular):	Shifted to Right	<input type="checkbox"/>
	Central	<input type="checkbox"/>
	Shifted to Left	<input type="checkbox"/>

Periodontal Status:

Mucosal Status:

Labial Frenum:	Rudimentary	<input type="checkbox"/>
	Thin	<input type="checkbox"/>
	Thick	<input type="checkbox"/>
	Normal	<input type="checkbox"/>

Soft Tissue Regions:

SCREENING EXAM FOR JAW FUNCTION (TMJ)

7. Jaw function/ TM joint.

8. Complain now : Yes No

If Yes, Specify:

9. History of pain: No Yes Duration: _____

10. History of sound: No Yes Duration: _____

11. Tm joint tenderness to palpation: No Yes Side: _____

12. Muscle tenderness to palpation : No Yes

If Yes, where?

7. Range of motion: Maximum opening: _____ mm

Right Excursion: _____ mm

Left Excursion: _____ mm

Protrusion: _____ mm

CAST ANALYSIS

Functional Analysis (Analysis of Jaw Function)

Overjet (mm)	Normal(2-4mm)	<input type="checkbox"/>
	Mild (4-8mm)	<input type="checkbox"/>
	Moderate (8-12mm)	<input type="checkbox"/>
	Severe (>12mm)	<input type="checkbox"/>
	Reverse Overjet (mild/mod/sev)	<input type="checkbox"/>
Overbite (%)	Normal (20-40%)	<input type="checkbox"/>
	Mild (40-60%)	<input type="checkbox"/>
	Moderate (60-80%)	<input type="checkbox"/>
	Severe (80-100%)	<input type="checkbox"/>
	Open bite (mild/moderate)	<input type="checkbox"/>
Molar Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Molar Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Posterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Anterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Curve of Spee	Excessive	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Straight	<input type="checkbox"/>

Space Analysis

MAXILLA

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

MANDIBLE

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Bolton Analysis

Anterior Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (3-3)x100

The sum of Mesiodistal width of maxillary anterior teeth (3-3)x100

= _____ 100

= _____ % (77.2%)

Conclusion:

Overall Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (6-6)x100

The sum of Mesiodistal width of maxillary anterior teeth (6-6)x100

= _____ 100

= _____ % (91.3%)

Conclusion:

MODEL ANALYSIS

Arch Shape V-Shape U-Shape Ovoid Others

Vault of the Palate Deep Shallow Normal

Bony Growth / Exostosis Yes No

Labial Frenum

Maxilla: Rudimentary Thin Thick Normal

Mandible: Rudimentary Thin Thick Normal

Midline: Shifted to Lt. Shifted to Rt. Normal

Dentition Status:

Labioversion _____

Linguoversion _____

Palatoversion _____

Supraversion _____

Torsiversion _____

Infraversion _____

Mesioversion _____

Distoversion _____

Missing Teeth _____

CAST IN OCCLUSION

Posterior Segment:

Molar Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cuspid Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cross Bites: Unilateral Bilateral Absent

Anterior Segment:

Incisor Relation:

Overjet(mm) _____

Overbite (%) _____

Midline: Shifted to Lt. Shifted to Rt. Central

Crowding: _____mm

Crossbites: _____

CEPHALOMETRIC ANALYSIS:

Sagittal Analysis:

SNA	: 82 ± 2	: _____
SNB	: 78 ± 2	: _____
ANB	: 2 ± 2	: _____
FA	: 87 ± 3	: _____
McNamara- A	: 1 ± 2 mm	: _____
McNamara- Pog	: -3 ± 4 mm	: _____
Witts AO/BO	: 0 ± 2 mm	: _____

Vertical Analysis

SNMP	: 32 ± 4	: _____
FHMP	: 25 ± 4	: _____
Y- Axis	: 60 ± 4	: _____
Facial Axis	: 90	: _____
PFH/TAFH x 100	: 65%	: _____
LFH/TAFH x 100	: 55%	: _____

Dental Analysis

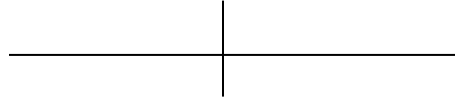
UI-SN	: 102 ± 4	: _____
IM-PA	: 90	: _____
II (angle)	: 125-135	: _____
UI-NA (angle)	: 22	: _____
UI-NA (distance)	: 4 ± 2 mm	: _____
LI-NB (angle)	: 25	: _____
LI-NB (distance)	: 4 ± 2 mm	: _____
Holdaway Ratio	: 1 : 1	: _____

Soft Tissue Analysis

E – Plane	: Upper Lip -3 ± 2 mm	: _____
	: Lower Lip -2 ± 2 mm	: _____
S- Plane	: Upper Lip -0 ± 2 mm	: _____
	: Lower Lip -0 ± 2 mm	: _____
Z-Angle	: 76 ± 5	: _____
Nasolabial Angle	: 90-110	: _____

INTERPRETATION OF ORTHO-PANTOMOGRAPH (OPG):

Number of Teeth Present: _____



Y

N

Hard Tissue Abnormality:

Bone Loss:

If "Yes" then either:

Horizontal:

Vertical:

Root Formation:

Completed

Incomplete

Dental Malformations:

Supernumeraries

Others

Age Assessment: _____

Any Other Abnormality:

ORTHODONTICS DIAGNOSIS

Problem List:

(According to the appearance in the data)

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Diagnosis:

- _____
- _____
- _____
- _____

Orthodontic Treatment Approaches:

- Preventive Orthodontics:
- Interceptive Orthodontics:
- Growth Modification:
- BI-Phasic Treatment:
- Comprehensive Adult Treatment:
- Orthognathic Surgery:

ORTHODONTIC TREATMENT PLAN

DEFINITIVE TREATMENT

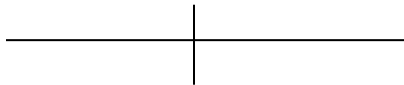
The aim of this treatment is:

- _____
- _____
- _____
- _____

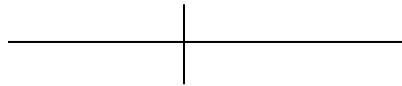
Pretreatment Procedures:

Scaling & Polishing:

Extraction:



Restorations:



Treatment Phases:

Fixed Appliance Therapy:

Band size & placement : _____

Bracket prescription & Slot size: _

Headgear Therapy:

Cervical	Stabilization 8-10 hrs	<input type="checkbox"/>
Combination	Anchorage 14-16 hrs	<input type="checkbox"/>
Chin cup	Distalization 24 hrs	<input type="checkbox"/>
Reverse	Activation 14-16 hrs	<input type="checkbox"/>

Anchorage Plan:

Nance Lingual Arch Trans-palatal Stops

Retention:

<u>Maxillary:</u>	Hawley's Non-Extraction:	<input type="checkbox"/>	<u>Mandibular:</u>	Canine to Canine Lingual:	<input type="checkbox"/>
	Hawley's Extraction:	<input type="checkbox"/>		Premolar to Premolar Lingual:	<input type="checkbox"/>
	Hawley's Rest Phase:	<input type="checkbox"/>		Hawley's Retainer:	<input type="checkbox"/>

CEPHALOMETRIC ANALYSIS:

Sagittal Analysis:

SNA	: 82 ± 2	: _____
SNB	: 78 ± 2	: _____
ANB	: 2 ± 2	: _____
FA	: 87 ± 3	: _____
McNamara- A	: 1 ± 2 mm	: _____
McNamara- Pog	: -3 ± 4 mm	: _____
Witts AO/BO	: 0 ± 2 mm	: _____

Vertical Analysis

SNMP	: 32 ± 4	: _____
FHMP	: 25 ± 4	: _____
Y- Axis	: 60 ± 4	: _____
Facial Axis	: 90	: _____
PFH/TAFH x 100	: 65%	: _____
LFH/TAFH x 100	: 55%	: _____

Dental Analysis

UI-SN	: 102 ± 4	: _____
IM-PA	: 90	: _____
II (angle)	: 125-135	: _____
UI-NA (angle)	: 22	: _____
UI-NA (distance)	: 4 ± 2 mm	: _____
LI-NB (angle)	: 25	: _____
LI-NB (distance)	: 4 ± 2 mm	: _____
Holdaway Ratio	: 1 : 1	: _____

Soft Tissue Analysis

E – Plane	: Upper Lip -3 ± 2 mm	: _____
	: Lower Lip -2 ± 2 mm	: _____
S- Plane	: Upper Lip -0 ± 2 mm	: _____
	: Lower Lip -0 ± 2 mm	: _____
Z-Angle	: 76 ± 5	: _____
Nasolabial Angle	: 90-110	: _____

CEPHALOMETRIC ANALYSIS:

Sagittal Analysis:

SNA	: 82 ± 2	: _____
SNB	: 78 ± 2	: _____
ANB	: 2 ± 2	: _____
FA	: 87 ± 3	: _____
McNamara- A	: 1 ± 2 mm	: _____
McNamara- Pog	: -3 ± 4 mm	: _____
Witts AO/BO	: 0 ± 2 mm	: _____

Vertical Analysis

SNMP	: 32 ± 4	: _____
FHMP	: 25 ± 4	: _____
Y- Axis	: 60 ± 4	: _____
Facial Axis	: 90	: _____
PFH/TAFH x 100	: 65%	: _____
LFH/TAFH x 100	: 55%	: _____

Dental Analysis

UI-SN	: 102 ± 4	: _____
IM-PA	: 90	: _____
II (angle)	: 125-135	: _____
UI-NA (angle)	: 22	: _____
UI-NA (distance)	: 4 ± 2 mm	: _____
LI-NB (angle)	: 25	: _____
LI-NB (distance)	: 4 ± 2 mm	: _____
Holdaway Ratio	: 1 : 1	: _____

Soft Tissue Analysis

E – Plane	: Upper Lip -3 ± 2 mm	: _____
	: Lower Lip -2 ± 2 mm	: _____
S- Plane	: Upper Lip -0 ± 2 mm	: _____
	: Lower Lip -0 ± 2 mm	: _____
Z-Angle	: 76 ± 5	: _____
Nasolabial Angle	: 90-110	: _____

CEPHALOMETRIC ANALYSIS:

Sagittal Analysis:

SNA	: 82 ± 2	: _____
SNB	: 78 ± 2	: _____
ANB	: 2 ± 2	: _____
FA	: 87 ± 3	: _____
McNamara- A	: 1 ± 2 mm	: _____
McNamara- Pog	: -3 ± 4 mm	: _____
Witts AO/BO	: 0 ± 2 mm	: _____

Vertical Analysis

SNMP	: 32 ± 4	: _____
FHMP	: 25 ± 4	: _____
Y- Axis	: 60 ± 4	: _____
Facial Axis	: 90	: _____
PFH/TAFH x 100	: 65%	: _____
LFH/TAFH x 100	: 55%	: _____

Dental Analysis

UI-SN	: 102 ± 4	: _____
IM-PA	: 90	: _____
II (angle)	: 125-135	: _____
UI-NA (angle)	: 22	: _____
UI-NA (distance)	: 4 ± 2 mm	: _____
LI-NB (angle)	: 25	: _____
LI-NB (distance)	: 4 ± 2 mm	: _____
Holdaway Ratio	: 1 : 1	: _____

Soft Tissue Analysis

E – Plane	: Upper Lip -3 ± 2 mm	: _____
	: Lower Lip -2 ± 2 mm	: _____
S- Plane	: Upper Lip -0 ± 2 mm	: _____
	: Lower Lip -0 ± 2 mm	: _____
Z-Angle	: 76 ± 5	: _____
Nasolabial Angle	: 90-110	: _____

CAST ANALYSIS

Functional Analysis (Analysis of Jaw Function)

Overjet (mm)	Normal(2-4mm)	<input type="checkbox"/>
	Mild (4-8mm)	<input type="checkbox"/>
	Moderate (8-12mm)	<input type="checkbox"/>
	Severe (>12mm)	<input type="checkbox"/>
	Reverse Overjet (mild/mod/sev)	<input type="checkbox"/>
Overbite (%)	Normal (20-40%)	<input type="checkbox"/>
	Mild (40-60%)	<input type="checkbox"/>
	Moderate (60-80%)	<input type="checkbox"/>
	Severe (80-100%)	<input type="checkbox"/>
	Open bite (mild/moderate)	<input type="checkbox"/>
Molar Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Molar Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Posterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Anterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Curve of Spee	Excessive	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Straight	<input type="checkbox"/>

Space Analysis

MAXILLA

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

MANDIBLE

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Bolton Analysis

Anterior Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (3-3)x100

The sum of Mesiodistal width of maxillary anterior teeth (3-3)x100

= _____ 100

= _____ % (77.2%)

Conclusion:

Overall Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (6-6)x100

The sum of Mesiodistal width of maxillary anterior teeth (6-6)x100

= _____ 100

= _____ % (91.3%)

Conclusion:

MODEL ANALYSIS

Arch Shape V-Shape U-Shape Ovoid Others

Vault of the Palate Deep Shallow Normal

Bony Growth / Exostosis Yes No

Labial Frenum

Maxilla: Rudimentary Thin Thick Normal

Mandible: Rudimentary Thin Thick Normal

Midline: Shifted to Lt. Shifted to Rt. Normal

Dentition Status:

Labioversion _____

Linguoversion _____

Palatoversion _____

Supraversion _____

Torsiversion _____

Infraversion _____

Mesioversion _____

Distoversion _____

Missing Teeth _____

CAST IN OCCLUSION

Posterior Segment:

Molar Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cuspid Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cross Bites: Unilateral Bilateral Absent

Anterior Segment:

Incisor Relation:

Overjet(mm) _____

Overbite (%) _____

Midline: Shifted to Lt. Shifted to Rt. Central

Crowding: _____mm

Crossbites: _____

CAST ANALYSIS

Functional Analysis (Analysis of Jaw Function)

Overjet (mm)	Normal(2-4mm)	<input type="checkbox"/>
	Mild (4-8mm)	<input type="checkbox"/>
	Moderate (8-12mm)	<input type="checkbox"/>
	Severe (>12mm)	<input type="checkbox"/>
	Reverse Overjet (mild/mod/sev)	<input type="checkbox"/>
Overbite (%)	Normal (20-40%)	<input type="checkbox"/>
	Mild (40-60%)	<input type="checkbox"/>
	Moderate (60-80%)	<input type="checkbox"/>
	Severe (80-100%)	<input type="checkbox"/>
	Open bite (mild/moderate)	<input type="checkbox"/>
Molar Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Molar Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Posterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Anterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Curve of Spee	Excessive	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Straight	<input type="checkbox"/>

Space Analysis

MAXILLA

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

MANDIBLE

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Bolton Analysis

Anterior Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (3-3)x100

The sum of Mesiodistal width of maxillary anterior teeth (3-3)x100

= _____ 100

= _____ % (77.2%)

Conclusion:

Overall Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (6-6)x100

The sum of Mesiodistal width of maxillary anterior teeth (6-6)x100

= _____ 100

= _____ % (91.3%)

Conclusion:

MODEL ANALYSIS

Arch Shape V-Shape U-Shape Ovoid Others

Vault of the Palate Deep Shallow Normal

Bony Growth / Exostosis Yes No

Labial Frenum

Maxilla: Rudimentary Thin Thick Normal

Mandible: Rudimentary Thin Thick Normal

Midline: Shifted to Lt. Shifted to Rt. Normal

Dentition Status:

Labioversion _____

Linguoversion _____

Palatoversion _____

Supraversion _____

Torsiversion _____

Infraversion _____

Mesioversion _____

Distoversion _____

Missing Teeth _____

CAST IN OCCLUSION

Posterior Segment:

Molar Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cuspid Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cross Bites: Unilateral Bilateral Absent

Anterior Segment:

Incisor Relation:

Overjet(mm) _____

Overbite (%) _____

Midline: Shifted to Lt. Shifted to Rt. Central

Crowding: _____ mm

Crossbites: _____

CAST ANALYSIS

Functional Analysis (Analysis of Jaw Function)

Overjet (mm)	Normal(2-4mm)	<input type="checkbox"/>
	Mild (4-8mm)	<input type="checkbox"/>
	Moderate (8-12mm)	<input type="checkbox"/>
	Severe (>12mm)	<input type="checkbox"/>
	Reverse Overjet (mild/mod/sev)	<input type="checkbox"/>
Overbite (%)	Normal (20-40%)	<input type="checkbox"/>
	Mild (40-60%)	<input type="checkbox"/>
	Moderate (60-80%)	<input type="checkbox"/>
	Severe (80-100%)	<input type="checkbox"/>
	Open bite (mild/moderate)	<input type="checkbox"/>
Molar Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Molar Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Rt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Cuspid Relation (Lt)	Class I	<input type="checkbox"/>
	Class II	<input type="checkbox"/>
	Class III	<input type="checkbox"/>
Posterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Anterior Crossbite	Unilateral	<input type="checkbox"/>
	Bilateral	<input type="checkbox"/>
	Absent	<input type="checkbox"/>
Curve of Spee	Excessive	<input type="checkbox"/>
	Moderate	<input type="checkbox"/>
	Normal	<input type="checkbox"/>
	Straight	<input type="checkbox"/>

Space Analysis

MAXILLA

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

MANDIBLE

$$\begin{aligned} \text{Total Space Available} &= \text{Total Arch Length} \\ &= a + b + c + d \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Total Space Required

$$\begin{aligned} &\text{Right Side} && \text{Left Side} \\ = &\underline{\hspace{2cm}} &+& \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

$$\begin{aligned} \text{Total Space Discrepancy} &= \text{Total Space Available} - \text{Total Space Required} \\ &= \underline{\hspace{2cm}} \\ &= \underline{\hspace{2cm}} \text{ mm} \end{aligned}$$

Bolton Analysis

Anterior Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (3-3)x100

The sum of Mesiodistal width of maxillary anterior teeth (3-3)x100

= _____ 100

= _____ % (77.2%)

Conclusion:

Overall Ratio:

The sum of Mesiodistal width of mandibular anterior teeth (6-6)x100

The sum of Mesiodistal width of maxillary anterior teeth (6-6)x100

= _____ 100

= _____ % (91.3%)

Conclusion:

MODEL ANALYSIS

Arch Shape V-Shape U-Shape Ovoid Others

Vault of the Palate Deep Shallow Normal

Bony Growth / Exostosis Yes No

Labial Frenum

Maxilla: Rudimentary Thin Thick Normal

Mandible: Rudimentary Thin Thick Normal

Midline: Shifted to Lt. Shifted to Rt. Normal

Dentition Status:

Labioversion _____

Linguoversion _____

Palatoversion _____

Supraversion _____

Torsiversion _____

Infraversion _____

Mesioversion _____

Distoversion _____

Missing Teeth _____

CAST IN OCCLUSION

Posterior Segment:

Molar Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cuspid Relation:

(Rt.)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>
(Lt)	Class I	<input type="checkbox"/>	Class II	<input type="checkbox"/>	Class III	<input type="checkbox"/>

Cross Bites: Unilateral Bilateral Absent

Anterior Segment:

Incisor Relation:

Overjet(mm) _____

Overbite (%) _____

Midline: Shifted to Lt. Shifted to Rt. Central

Crowding: _____mm

Crossbites: _____

ORTHODONTICS LOG BOOK OUTCOMES

1. The problem-oriented approach for diagnosis and treatment planning.
2. Evaluate the major Use sources like history taking, clinical examination and diagnosis records.
3. Fabricate Hawley's retainer, Adam's clasp, Labial bow & Z spring.