

PEDIATRIC DENTISTRY DIAGNOSTIC FORM

For use of this form, see AR 40-66; the proponent agency is the OTSG

***All caries are to be noted on SF 603 (Diseases, Abnormalities, and X-rays chart).**

1. Medical Alert		2. Chief Complaint																																																																					
3. Age (yrs, mos)		4. Weight (Lbs/KG)																																																																					
5. Occlusion: Primary Molar Terminal Plane: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">() Flush</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Mesial Step</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Distal Step</td> <td style="text-align: center;">()</td> </tr> </table> Permanent Molar: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">() Class I</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Class II</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() End-on</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Class III</td> <td style="text-align: center;">()</td> </tr> </table> Cuspid Relationship: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">R</td> <td style="width: 50%; text-align: center;">L</td> </tr> <tr> <td style="text-align: center;">() Class I</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Class II</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() End-on</td> <td style="text-align: center;">()</td> </tr> <tr> <td style="text-align: center;">() Class III</td> <td style="text-align: center;">()</td> </tr> </table>	R	L	() Flush	()	() Mesial Step	()	() Distal Step	()	R	L	() Class I	()	() Class II	()	() End-on	()	() Class III	()	R	L	() Class I	()	() Class II	()	() End-on	()	() Class III	()	6. Overjet mm. 7. Overbite %. 8. Openbite mm. 9. Midline: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 5%; text-align: center;">U</td> <td style="width: 5%; text-align: center;">L</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">On</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">Shift to Right</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">Shift to Left</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table> _____ mm 10. Crossbite: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">None</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Unilateral</td> <td style="text-align: center;"> <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">L</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;">Bilateral</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Anterior</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Space Loss # _____</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Anterior Crowding</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Max</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Mand</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">_____ mm</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		U	L		On	<input type="checkbox"/>	<input type="checkbox"/>		Shift to Right	<input type="checkbox"/>	<input type="checkbox"/>		Shift to Left	<input type="checkbox"/>	<input type="checkbox"/>				None	<input type="checkbox"/>	Unilateral	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;">R</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">L</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	R	<input type="checkbox"/>	L	<input type="checkbox"/>	Bilateral	<input type="checkbox"/>	Anterior	<input type="checkbox"/>	Space Loss # _____	<input type="checkbox"/>	Anterior Crowding	<input type="checkbox"/>	Max	<input type="checkbox"/>	Mand	<input type="checkbox"/>	_____ mm	<input type="checkbox"/>	11. Abnormalities a. Missing Teeth _____ b. Supernumeraries _____ c. Eruption Sequence _____ 12. Soft Tissue _____ WNL Abnormality * * Note: _____ 13. Oral Hygiene _____ Excellent _____ Good _____ Fair _____ Poor	14. Behavior Assessment _____ Cooperative _____ Noncooperative 15. FRANKL Behavior Scale _____ ++ + - - 16. Habits _____ 17. Facial Features _____ Concave _____ Convex _____ Straight 18. Mandibular Plane _____ Average _____ Steep _____ Flat
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19. Date TX Initiated (YYYYMMDD)		20. Proposed Length																																																																					
21. Appliances in Use		22. Other Observations, Comments																																																																					
23. Planned Treatment & Sequence of Accomplishment		22. Other Observations, Comments																																																																					
24. Prepared by (Signature & Title)		25. Department/Service/Clinic	26. Date (YYYYMMDD)																																																																				
27. Patient's Identification (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility): PCS Date _____ Phone Number _____		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Panograph</td> <td style="width: 50%;"><input type="checkbox"/> Ortho Consult</td> </tr> <tr> <td><input type="checkbox"/> Cephalometrics</td> <td><input type="checkbox"/> Photos</td> </tr> <tr> <td><input type="checkbox"/> Study Models</td> <td><input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Mixed Dentition Analysis</td> <td></td> </tr> </table>		<input type="checkbox"/> Panograph	<input type="checkbox"/> Ortho Consult	<input type="checkbox"/> Cephalometrics	<input type="checkbox"/> Photos	<input type="checkbox"/> Study Models	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Mixed Dentition Analysis																																																													
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28. Tooth Size

R		L
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29. Sum of widths of mandibular incisors

30. Mandibular

	R	L
Space available for cuspid and bicuspid		
Predicted size of cuspid and bicuspid		
Space left for molar adjustment		

31. PROBABILITY CHART -- 75% LEVEL

A. Sum Width	26,25	24, 23	19.5	20.4	20.5	21.0	21.5	22.0	22.5	23.0	23.5	24.0	24.5	25.0
B. Sum Width of Unerupted Permanent Cuspids and Bicuspid	MAX	20.6	20.9	21.2	21.5	21.8	22.0	22.3	22.6	22.9	23.1	23.4	23.7	
	MAND	20.1	20.4	20.7	21.0	21.3	21.6	21.9	22.2	22.5	22.8	23.1	23.4	

32. Approximate decrease in arch length due to mesial migration of the first permanent molars taking up "leeway space" during replacement of the deciduous molars by the bicuspid:

Mandible = 1.7 mm. per quadrant or 3.4 mm total
 Maxilla = .9 mm. per quadrant or 1.8 mm total

33. CEPHALOMETRICS
A. TWEED ANALYSIS

(1) FMA			
(2) IMPA			
(3) FMIA			

B. STEINER ANALYSIS
Ref. Norm.

(1) SNA	(angle)	82°	
(2) SNB	(angle)	80°	
(3) ANB	(angle)	2°	
(4) SND	(angle)	76° or 77°	
(5) 1 ₁ to NA	(mm)	4	
(6) 1 ₁ to NA	(angle)	22°	
(7) I to NB	(mm)	4	
(8) I to NB	(angle)	25°	
(9) Po to NB	(mm)	not est.	
(10) Po & I to NB	(Difference)		
(11) 1 ₁ to I	(angle)	131°	
(12) Occl to SN	(angle)	14°	
(13) GoGn to SN		32°	
(14) Arch length discrepancy			