

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).

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 |
| | 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 | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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): | | <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCS Date | | Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

28. Tooth Size

| | | |
|---|--|---|
| R | | L |
|---|--|---|

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 | 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 | | |
| Permanent | | | | | | | | | | | | | | | |
| Cuspids and | 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 | | |
| Bicuspid | | | | | | | | | | | | | | | |

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 | | | |