



ortho designers

excellence in education. designed by orthodontists.

ORTHODONTIC CONSULTATION REPORT

Dr. Mary Smith

May 18, 2020



OrthoDesigners, PLLC
1309 Beacon Street
Suite 300
Brookline, MA 02446
info@orthodesigners.com

ORTHODONTIC CONSULTATION REPORT
Dr. Mary Smith – Patient: Jane Doe

Dear Dr. Smith:

Thank you for consulting with OrthoDesigners regarding your patients' orthodontic needs. We wish you the very best in providing quality orthodontic care to your patient population. Please do not hesitate to contact us for any further assistance.

Please see below a summary of our consultation on May 18, 2020 regarding your patient **Jane Doe**. It was our pleasure answering your questions and providing you with our expert consultation services.

Biographic Information

Patient Chief Complaint: **"My canines are high"**

Age: **14Y 3M**

Medical Hx: **none**

Medications: **none**

Allergies: **NKDA**

Last Dental Recall: **April 2020**

Habits: Thumb Sucking / Tongue Thrust
Mouth Breathing / **Nail/Lip Biting**
Other:

Family History of Class III: Yes / **No**

History of Tooth Trauma:



Extra-Oral Examination

Facial Symmetry: **Symmetric**

Facial Profile: Convex / **Straight** / Concave

TMJ Examination: Crepitus / Click / Pop / Pain / Range of Motion **WNL**

Lip incompetence / Mentalis Strain: Yes / **No**

Incisal Display: **100%**

Gingival Display: **2mm**

Position of Incisors (Vertical): **over-erupted**

Position of incisors (Horizontal): **procumbent**

Smile Consonance / Smile Arc: **non-consonant**

Buccal Corridors: **wide**

Nasolabial Angle: **acute**

Extraoral Tissue Biotype: Thin / **Thick**

Intra-Oral Examination

CR-CO Discrepancy / Functional Shifts: **none**

Missing Teeth: **none**

Supernumerary Teeth: **none**

Tongue Size: **normal**

Upper Midline to Face: **coincident**

Lower Midline to Face: **3mm to right**

Dentition: Permanent / **Mixed** / Deciduous

If Mixed, any mobility on primaries: ...**Upper C's**.....

Abnormal Tooth Eruption: **ectopic #6, #11**

Transverse Posterior: **incipient crossbite - compensated**

Anterior Crossbite (with or without shift): **#7, #10 without shift**

Overjet: **-1 to 4mm**

Overbite: **100%**

Molar Classification: RIGHT: **End-End Class II**
LEFT: **Class I**

Canine Classification: RIGHT: **End-End Class II**
LEFT: **End-End Class II**

Skeletal Classification: **Class II skeletal discrepancy due to prognathic maxilla**

Lower Crowding/Spacing: **Moderate Crowding**

Upper Crowding/Spacing: **Severe Crowding**

Arch Form: UPPER: **Tapered**
LOWER: **Square**

Evident Bolton Discrepancies: **Anterior Maxillary Excess**

Anterior Tooth Shape: Triangular / Square / Barrel-Shaped / **WNL**

Contact Points: Point / **Broad**

Signs of Ankylosis: **none**

Impactions: **none**

Recession: **none**

Gingival Tissue Biotype: **thick**

Other Findings

Restorative Work/Caries: **none**

Diastema (family history): **none**

Frenal Attachment: **WNL**

Peg Laterals: **none**

Abnormal Tooth Morphology: **WNL**

Eruption: **Normal** / Delayed / Mature

Abnormal Eruptive Patterns: **ectopic upper canines**

Root Resorption: **none**

Previous Orthodontic Tx: **none**

Multidisciplinary Case: **No**

CVMS Stage (if Ceph Xray available): **Stage IV**



DIAGNOSIS

Class II Division 2 Subdivision Right Dental/Skeletal Malocclusion with Ectopic Upper Canines

PROPOSED TREATMENT:

IDEAL TREATMENT PLAN

Comprehensive / Limited / Interceptive :

- **Use RCOS lower archwire, extract Upper C's, Bond Upper 2's with reverse torque, open-coil spring and auxiliary NiTi archwire to Upper 3's once in 19x25 SS upper archwire**

Fixed Appliances / Invisalign / Removable Appliance

Surgical / **Non-Surgical**

Extraction / Non-Extraction: **Non-Extraction**

Anchorage Considerations:

IPR: **0.5mm mesial/distal U1's and 0.3mm/contact distal LL1 to distal LL3**

Expansion / Non-Expansion: **Non-Expansion**

Distalization / Non Distalization: **Non-Distalization**

Class II Corrector: **Class II elastics**

TADs / Non-TADs: **none**

Elastic Protocol: **¼ 4.5oz Class II elastics Right, ¼ 2.7oz Left once in 19x25 SS**

Retention Protocol: **Essix Retainers upper/lower**

Pros of this Treatment Plan: **non-invasive, non-extraction**

Cons of this Treatment Plan: **relies on patient compliance with elastics**

Estimated Treatment Time: **18-24 months**

ALTERNATIVE TREATMENT PLAN **None**

Comprehensive / Limited / Interceptive

Fixed Appliances / Invisalign / Removable Appliance

Surgical / Non-Surgical

Extraction / Non-Extraction:

Anchorage Considerations:

IPR:

Expansion / Non-Expansion:

Distalization / Non Distalization:

Class II Corrector:

TADs / Non-TADs:

Elastic Protocol:

Retention Protocol:

Pros of this Treatment Plan:

Cons of this Treatment Plan:

Estimated Treatment Time: