# **Chief Complaint**

# **Identifying Data**

- Age:
- Sex:
- Race:
- Occupation:

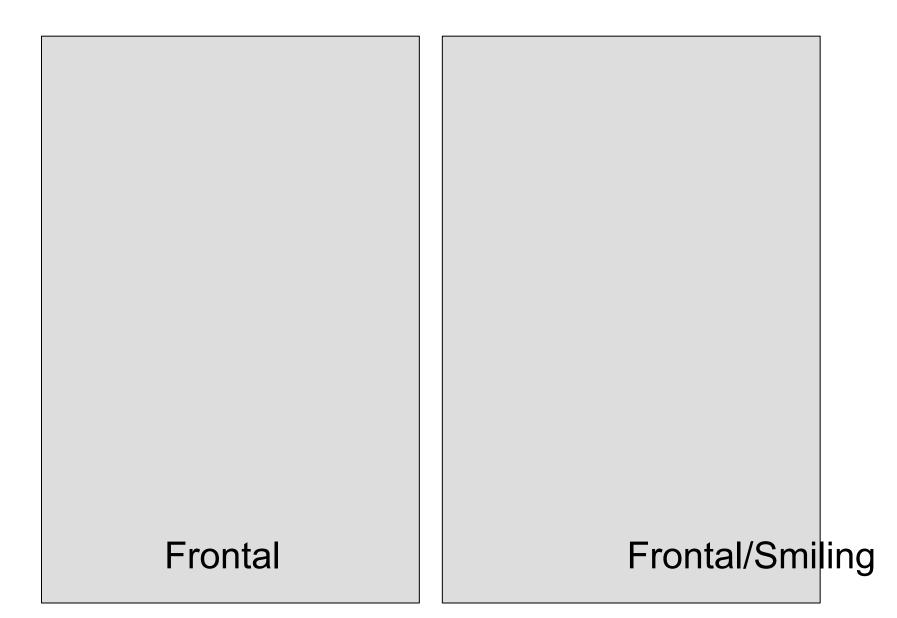
# Contributory Medical or Dental History (Ignore if normal)

- Medical diagnosis and history
- Medications
- Previous orthodontics, splints, surgery, etc.

# Clinical Diagnostic Exam

- Dental:
- Periodontal:
- Neurologic, Muscular, Orthopedic, Neurovascular:
- Occlusal Analysis:

### **Pre-treatment Facial slides**



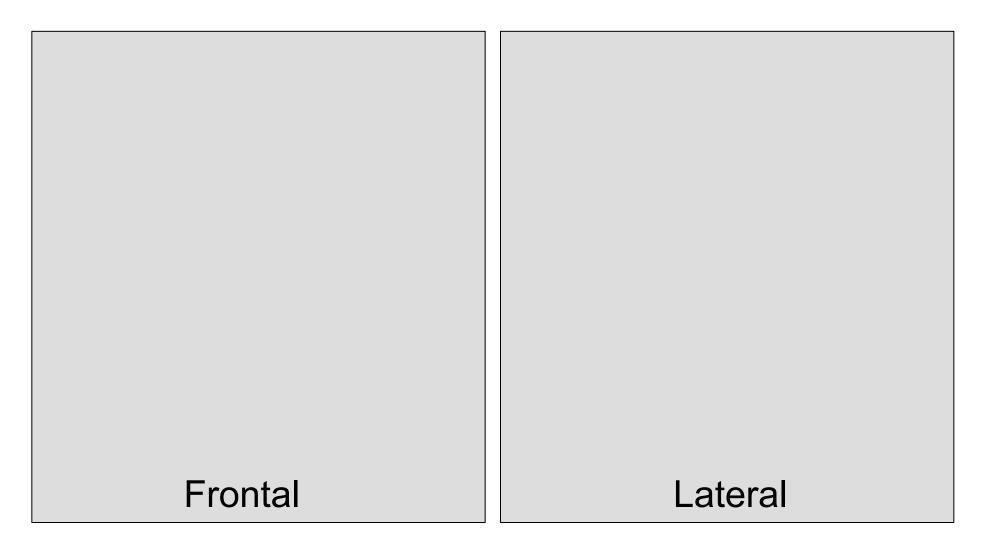
## **Pre-treatment Facial slides**



#### Pre-treatment X-Rays Panoramic XR



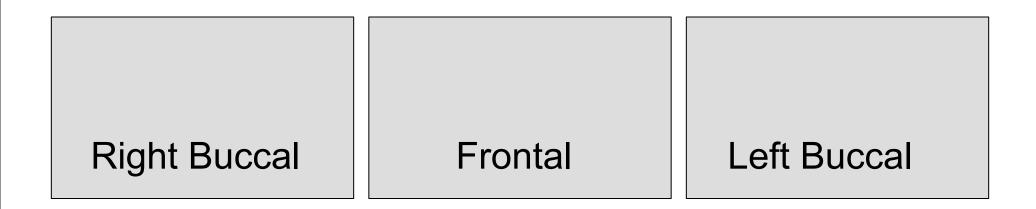
#### Pre-treatment X-Rays Cephalometric Film

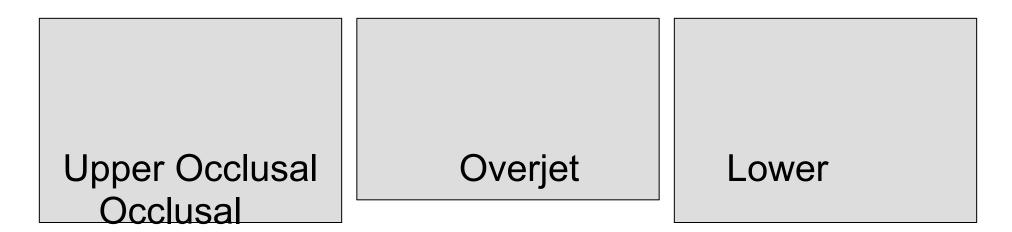


# Temporomandibular Disorder (Ignore if normal)

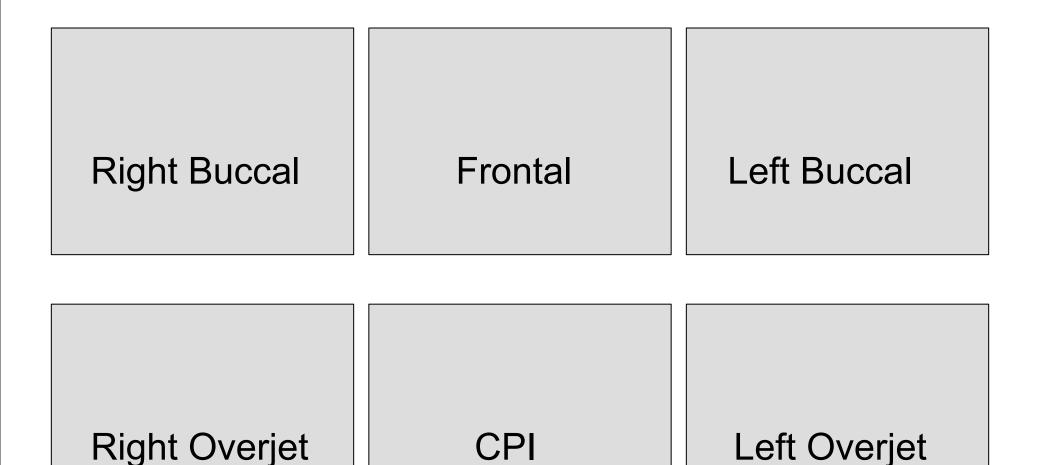
#### Pre-treatment TMJ X-Rays CBCT / MRI

### **Pre-treatment Intraoral Slides**





### **Pre-treatment Mounted Models**



### Pre-treatment CPI or MPI



# **CO-CR** Conversion

- Tracing CO in Black
- Tracing CR in Purple

#### Pre-treatment Ricketts CO/CR

#### Pre-treatment Roth-Jarabak CO/CR

#### Pre-treatment FACE CO/CR

## Problem List After Splint Therapy

#### **Treatment Plan**

## **Mechanics**