Name:_____ **DIAGNOSTIC OPINION** Age:____ Date:_____

PERIODONTAL — *Gum & Bone*

❑ Gingivitis **(Gum)** (AAPI)
Modified By: _____
Attachment Loss/ Chronic Periodontitis: **(Bone Loss)**
❑ Mild (AAPII) ❑ Moderate (AAPIII) ❑ Severe (AAPIV)
❑ Site Specific (Intrabony)_____
❑ Horizontal Bone Loss_____
❑ Aggressive Periodontitis_____
❑ Secondary Occlusal Traumatism_____
❑ Abrasion_____

❑ Recession_____
❑ Posterior Bite Collapse_____
❑ Oral Pathology_____
❑ Impaction_____
❑ Missing Teeth_____
❑ Other_____

Risk Assessment: ❑ **Low** ❑ **Moderate** ❑ **High**

PROGNOSIS
Generalized (Remaining Teeth) ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Hopeless
Specific (Individual Teeth)_____

BIOMECHANICAL — *Tooth Structure*

❑ Caries_____
❑ Defective Restorations_____
❑ Questionable Restorations_____
❑ Structural Compromises_____
❑ Pulpal Pathology_____
❑ Erosion_____

❑ Crown Margin Location Concerns_____
❑ Missing Teeth_____
❑ Other_____

Risk Assessment: ❑ **Low** ❑ **Moderate** ❑ **High**

PROGNOSIS
Generalized (Remaining Teeth) ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Hopeless
Specific (Individual Teeth)_____

FUNCTIONAL — *Joint (TMJ), Bite and Chewing*

❑ Attrition/ Normal Force_____
❑ Min. ❑ Mod. ❑ Severe
❑ Abnormal Attrition/ Bruxism/ Excessive Force_____
❑ Min. ❑ Mod. ❑ Severe
❑ Abfraction_____
❑ Primary Occlusal Traumatism_____
❑ TMD_____
❑ Abnormal Neuromuscular Habits_____
❑ Compromised Occlusal Vertical Dimension_____
❑ Missing Teeth_____
❑ Other_____

❑ ACCEPTABLE FUNCTION_____
❑ CONSTRICTED CHEWING PATTERN_____
❑ OCCLUSAL DYSFUNCTION_____
❑ PARAFUNCTION (SLEEP BRUXISM)_____
❑ NEUROLOGIC DISORDERS_____

Risk Assessment: ❑ **Low** ❑ **Moderate** ❑ **High**

PROGNOSIS
Generalized (Remaining Teeth) ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Hopeless
Specific (Individual Teeth)_____

DENTOFACIAL — *Smile Characteristics*

COLOR ❑ Acceptable ❑ Alteration Planned
❑ Developmental Disturbances_____

FACIALLY RELATED TOOTH POSITION
1. MAXILLARY INCISAL EDGE POSITION
❑ Acceptable ❑ Alteration Planned
2. MAXILLARY POSTERIOR OCCLUSAL PLANE
❑ Acceptable ❑ Alteration Planned
3. MANDIBULAR INCISAL EDGE POSITION
❑ Acceptable ❑ Alteration Planned
4. MANDIBULAR POSTERIOR OCCLUSAL PLANE
❑ Acceptable ❑ Alteration Planned
5. INTRA ARCH TOOTH POSITION (Arrangement and Form)
Midline
❑ Acceptable ❑ Alteration Planned
❑ Left_____ ❑ Right_____ ❑ Axially Inclined_____
Crowding/Overlap ❑ Acceptable ❑ Alteration Planned
Diastema _____ ❑ Acceptable (retain) ❑ Alteration Planned
Rotations _____ ❑ Acceptable ❑ Alteration Planned

6. GINGIVAL TISSUE ASSESSMENT
MAXILLARY
Lip Dynamics: ❑ Low ❑ Medium ❑ High
❑ Acceptable ❑ Alteration Planned
Horizontal Symmetry: ❑ Acceptable ❑ Alteration Planned
Scallop/Form: ❑ High ❑ Normal ❑ Flat
MANDIBULAR
Lip Dynamics: ❑ Low ❑ Medium ❑ High
❑ Acceptable ❑ Alteration Planned
Horizontal Symmetry: ❑ Acceptable ❑ Alteration Planned
Scallop/Form: ❑ High ❑ Normal ❑ Flat
❑ Missing Teeth_____
❑ Other_____
Patient's Vision _____
_____

Risk Assessment: ❑ **Low** ❑ **Moderate** ❑ **High**

PROGNOSIS
Generalized (Remaining Teeth) ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Hopeless
Specific (Individual Teeth)_____