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## Ohio Department of Job and Family Services

# **REFERRAL EVALUATION CRITERIA FOR COMPREHENSIVE ORTHODONTIC TREATMENT**

CONSUMER NAME	CONSUMER NUMBER						
PROVIDER NAME	MEDICAID LEGACY						
	NPI NUMBER						

Check the symptoms and signs of physical conditions that you observe in this patient.

### **Dentofacial Abnormality**

- Marked protruding upper jaw and teeth
- Underdeveloped lower jaw and teeth, receding chin
- Excessively spaced front teeth
- Upper or lower teeth protruding so much that lips cannot be brought together without strain
- Marked protruding lower jaw and teeth
- Extremely "crooked" front teeth
- Marked asymmetry of lower face or transverse deficiencies
- Clefts of lip or face
- Abnormalities of dental development
- Other (explain on other side of page)

## **Tissue Damage Related to Malocclusion**

- Marked recession of the gums
- Loosened permanent teeth
- Other (explain on other side of page)

## **Mastication Related to Malocclusion**

- Extreme grimacing or excessive motions of the oral-facial muscles during swallowing
- Socially unacceptable behavior during eating because of necessary compensation for anatomic facial deviations
- Pain in jaw joints when eating
- Other (explain on other side of page)

## **Respiration and Speech Related to Malocclusion**

- Postural abnormalities with breathing difficulties
- Malocclusion of jaws related to chronic mouth breathing
- Lisping or other speech articulation errors in children 9 years old or younger
- History of, or recommendation for speech therapy
- Other (explain on other side of page)

Dentist Signature	Date