

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
- Lipping 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
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