



New Client – Pediatric & Mixed Dentition

Client Name: _____

Age: _____ **M/F** **Clinician:** _____

Exam Date: _____

Occlusion: Class: I II Div1 II Div. 2 III

Occl Note: _____

Overbite: _____ Open

Overjet: _____ Under

Cross bite: _____

Midline: straight/shifted : mand/max R/L

Profile: straight/prognathic/retrognathic

Lip Posture/Seal: adequate/inadequate

Arch Length:

Max: adequate/spacing/crowding

Mand: adequate/spacing/crowding

Habits: _____

R.A.: brushing _____ flossing _____

diet _____ meds _____

other _____

parental involvement with home care y/n

Plaque: light/mod/heavy _____

Calculus: light/mod/heavy _____

Oral Hygiene: poor/fair/good

Tissue:

Color: pink/red _____

Contour: normal/inflammation/blunted

Consistency: firm/stippled/fibrotic/hyperplastic/inflamed

Diagnosis and Treatment Plan:

