Rideau Orthodontic Mfg. Ltd.
Est. 1972
1-800-267-7982

Pre-Evaluation Questionnaire Form

PLEASE COMPLETE FOR HYPOTHETICAL CASE EVALUATION REQUESTS

Please discard **all** previous forms. Please use a **black pen** and **print** when completing this form.
This service is only available to customers of Rideau Orthodontic Mfg. Ltd.

E&OE January 2011

Print Dr's Name: _____
Print Patient's Name: _____
Case Information: ❑New Case ❑Ongoing Case

Patient Information

Patient's Age: _____D.O.B.: (dd/mm/yy)_____
Gender: ❑Male ❑Female ❑Height _____
Race: ❑White ❑Black ❑Chinese
❑Indian ❑Asian ❑Other: _____
*This information is required in order to generate a computerized cephalometric analysis.

Dental Records Provided

Casts: ❑Mx ❑Md ❑Pre-Treatment ❑Current
Wax Bite: ❑Centric ❑Construction
Photographs: ❑Frontal ❑Lateral ❑Airway(Nasal)
❑Intraoral ❑Asymmetrical(Grid)
X-rays: ❑Lateral ❑Panorex ❑TMJ
❑Frontal ❑Tracings ❑Other
Cephalometric Tracing Required: ❑No ❑Yes

Model Classification

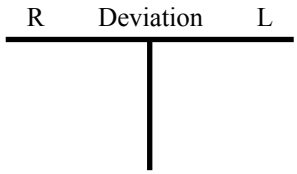
Patient's Left: ❑Class I ❑Class II ❑Class III
❑Full tooth ❑1/2 Tooth
Patient's Right:❑Class I ❑Class II ❑Class III
❑Full Tooth ❑1/2 Tooth
Space Shortage: Mx -_____mm Md -_____mm
Overjet: ❑No ❑Yes _____mm
Overbite: ❑No ❑Yes _____%

Airway Examination

Mouth breather: ❑No ❑Yes Snores: ❑No ❑Yes
Are the nostrils well developed: ❑No ❑Yes
Darkness under the eyes: ❑No ❑Yes
Lip Seal: ❑Good ❑Poor Weak Lips: ❑No ❑Yes
Habits: ❑Tongue-thrust ❑Thumb-sucking

Temporomandibular Joint

Headaches: ❑No ❑Yes
Medicated: ❑No ❑Yes
Clicking: ❑No ❑Yes: ❑L ❑R
Popping: ❑No ❑Yes: ❑L ❑R
Locking: ❑No ❑Yes: ❑L ❑R
Max Opening: _____mm
Trauma: MVA❑No ❑Yes ❑Other



Lateral Excursion
12mm Left and Right
Max Opening:
Adult 50 ± 2mm & Child: 54 ± 2mm

Facial Classification

Facial Profile: ❑Class I ❑Class II ❑Class III
If class III, is their class III in family: ❑No ❑Yes
Facial Height: ❑Ideal ❑Long ❑Short

Please visit www.orthodontic.ca under CASE EVALUATION for *RECORDS REQUIRED.*

Cranial Evaluation

Place a tongue depressor across the arches over the 1st bicuspid area. Photograph **frontal image** of the patient while standing in front of a photo grid.

Do you observe asymmetries of the:
Dental Arches: ❑No ❑Yes-Explain:_____
Ear Level: ❑No ❑Yes–Explain:_____
Eye Level: ❑No ❑Yes-Explain:_____
Shoulder Level: ❑No ❑Yes-Explain:_____
Forward Head Posture: ❑No ❑Yes
Mandibular Plane Angle: ❑Normal ❑Steep
Growth Direction: ❑Normal ❑Deep ❑Open
Maxilla Position: ❑Normal ❑Posterior ❑Anterior

Treatment Prognosis

If Class II or Class III, what problems exist if the casts are held in ideal Class I relationship?

❑Constricted Mx ❑Incisal Deflection ❑Crossbite
Other: _____
Prognosis of wisdom teeth: ❑Good ❑Poor (explain)
_____
Congenitally missing teeth: ❑No ❑Yes _____
Dental Hygiene: ❑Excellent ❑Fair ❑Poor

Additional Information

What is/are the patient's concern(s)?_____
_____
Do you feel the patient is motivated: ❑Yes ❑No
_____
What is/are the parent's concern(s)?_____
_____

Finances: ❑Excellent ❑Moderate ❑Limited

Your Treatment Objectives

❑Functional/Fixed ❑Fixed
_____
_____
_____
_____

E-mail address: _____
Office Telephone: (_____) _____-_____
Office Fax: (_____) _____-_____