

Orthodontic Report Form

- to be completed by your Specialist Orthodontist

Policy number:

Patient's name:

Date of birth:

Address:

.....

Name of Specialist Orthodontist:

Dental Health Component of IOTN

Index (IOTN) Score:

Description:

Estimated Length of Treatment (months):

Fit Date of Appliance:

Status of Existing Appliance:

Oral Hygiene Status:

Dental Health Need for Orthodontic Treatment? Yes No

Health Benefit to be gained from Orthodontic Treatment? Yes No

X



Specialist Orthodontist Signature

Date

Dental Council Specialist Registration No:

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An Overview of Selected Orthodontic Treatment Need Indices

Grade 5	Very great need
5i	Impeded eruption of teeth (with the exception of third molars) due to crowding, displacement, the presence of supernumerary teeth, retained deciduous teeth and any pathological cause.
5h	Extensive hypodontia with restorative implications (more than one tooth missing in any quadrant) requiring pre-restorative orthodontics.
5a	Increased overjet > 9 mm.
5m	Reverse overjet greater than 3.5 mm with reported masticatory and speech difficulties.
5p	Defect of cleft lip and palate/craniofacial anomalies.
5s	Submerged deciduous teeth.
Grade 4	Great need
4h	Less extensive hypodontia requiring pre-restorative orthodontics or orthodontic space closure to obviate the need for a prosthesis.
4a	Increased overjet > 6 mm but < 9 mm.
4b	Reverse overjet > 3.5 mm with no masticatory or speech difficulties.
4m	Reverse overjet greater than 1 mm but < 3.5 mm with recorded masticatory and speech difficulties.
4c	Anterior or posterior crossbites with > 2 mm discrepancy between retruded contact position and intercuspal position.
4l	Posterior lingual crossbite (scissors bite) with no functional occlusal contact in one or both buccal segments.
4d	Severe contact point displacements of teeth > 4 mm.
4e	Extreme lateral or anterior open bites > 4 mm.
4f	Increased and complete overbite with gingival or palatal trauma.
4t	Partially erupted teeth, tipped and impacted against adjacent teeth.
4x	Presence of supernumerary (e.g. Supplemental teeth).
Grade 3	Borderline need
3a	Increased overjet > 3.5 mm but < 6 mm with incompetent lips.
3b	Reverse overjet greater than 1 mm but < 3.5 mm.
3c	Anterior or posterior crossbites with >1 mm but < 2 mm discrepancy between retruded contact position and intercuspal position.
3d	Contact point displacement of teeth > 2 mm but < 4 mm.
3e	Lateral or anterior open bite greater than 2 mm but < 4 mm.
3f	Increased and complete overbite without gingival or palatal trauma.
Grade 2	Little need
2a	Increased overjet > 3.5 mm < 6mm with competent lips.
2b	Reverse overjet > 0 mm but < 1mm.
2c	Anterior or posterior crossbite with < 1 mm discrepancy between retruded contact position and intercuspal position.
2d	Contact point displacement of teeth >1 mm but < 2 mm.
2e	Anterior or posterior open bite > 1 mm but < 2mm.
2f	Increased overbite → 3.5 mm without gingival contact.
2g	Pre-normal or post-normal occlusions with no other anomalies. Includes up to half a unit discrepancy.
Grade 1	No need, Extremely minor malocclusions including displacements 1 mm.

Dental Health Components of the IOTN (Brook & Shaw, 1989)

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