ESTHETIC & INTEGRATIVE
DENTISTRY
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New Patient Examination

Patient:_____ Chart:_____ Date:_____

DOB:_____ Referred by:_____

Chief Complaint:_____

_____

History:_____

_____

Clinical Examination

I. Muscle Evaluation: (none:0, mild:1, moderate:2, severe:3)

	L	R		L	R
Posterior Temporalis	____	____	Digastric	____	____
Anterior Temporalis	____	____	Hyoid	____	____
Superficial Masseter	____	____	Sternocleidomastoid	____	____
Deep Masseter	____	____	Occipital	____	____
Lateral Pterygoid	____	____	Trapezius	____	____
Medial Pterygoid	____	____			

Comments:_____
Headaches:_____

II. Range of Motion Measurements:

Vertical opening:
_____Comfortable opening
_____Full opening
_____Deviation

Excursive movements:
_____Right
_____Left
_____Protrusion

Comments:_____
_____

III. Joint Evaluation

History:_____
_____

IV. Palpation: (none:0, mild:1, moderate:2, severe:3) Palpation: (positive:+, negative:-)

	L	R		L	R
Capsulitis:	____	____	Crepitus:	____	____
Ligamentitis:	____	____	Opening click:	____	____
			Closing click:	____	____

V. Doppler Examination (crepitus: quiet:0, mild:1, moderate:2, coarse:3)

	L	**R**
Medial pole	____	____
Lateral pole	____	____
Opening click	____	____
Closing click	____	____

Tentative Piper Classification

Right:_____ Left:_____

Comments:_____

VI. Bimanual Manipulation / Load Testing

Level 1: **L R** [+, -][+, -] Level 2: **L R** [+, -][+, -] Level 3: **L R** [+, -][+, -]

Anterior deprogrammer used? **Y N**
Comments:_____

VII. Occlusal Examination

Initial contact:_____ Slide (direction and magnitude):_____
Anterior tooth contact in MI/Guidance:_____
Anterior fremitus: *Slight Moderate Severe* Posterior fremitus: *Slight Moderate Severe*
Occlusal Plane:_____ Midline:_____
Tori:_____
Comments:_____

VIII. Integrative Oral Evaluation

Infection/Inflammation			***Airway/Breathing***			***TMD/Occlusion***		
Visual inspection	-	+	Neck circ. > 16”	-	+	ROM atypical	-	+
Periodontal probing	-	+	Mallampati > 2	-	+	Muscle palpation	-	+
Oral lesions	-	+	Scalloped tongue	-	+	Joint palpation	-	+
Lymph nodes	-	+	40 deg tongue rest.	-	+	TMJ load testing	-	+
Swollen tonsils	-	+	Nasal stenosis	-	+	CR to MIP slide	-	+
	-	+	Skeletal profile	-	+		-	+

IX. Periodontal Evaluation – See odontogram for full periodontal chartings

X. Tooth Evaluation – Please utilize separate ‘Tooth form”

XI. Esthetics – See patient’s smile assessment form
Additional comments:_____

XII. Additional Diagnostics Req’d:

Photographs:	**Dx**	**Esthetic series**
Mounted Study Models:	**Y**	**N**
Sets of models:	**1**	**2**
Wax Up:	**Y**	**N**
FMX:	**Y**	**N**
MRI	**Y**	**N**

CT Scan: (circle one)

Atypical facial pain	code 350.2
Articular disc disorder	code 524.63
Implant assessment	no code
Panoramic image	code 00330