

**REFERRAL EVALUATION CRITERIA FOR COMPREHENSIVE ORTHODONTIC TREATMENT**

Client Name		Billing Number	
Provider Name	NPI	Provider Number	Date

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 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 older
- History of, or recommendation for speech therapy
- Other (explain on other side of page)

Dentist Signature	Date
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