SLEEP APNEA, SLEEP BRUXISM, TMD EXAMINATION

File No._____

Patient Name:	Exam Date: month day year
Address:	Date of Birth: month day year
	Telephone (H):
	Telephone (W):
Postal/Zip Code:	Telephone (Cell):

Referred By: _____ Sleep Lab: _____

Appliances currently worn ❒ CUD ❒ CLD ❒PUD ❒ PLD ❒ Bruxism upper ❒ Bruxism lower ❒ TMD upper ❒ TMD lower (type) _____
❒ OSA Type: _____❒ Other appliance: _____

Orthodontic Classification:
Dental Class I II III n/a Division 0 1 2 Skeletal Class I II III pseudo III
Overbite: _____ Overjet:_____
Dental Alignment:
❒ no crowding ❒ mild crowding ❒ moderate crowding ❒ missing teeth, unstable occlusion

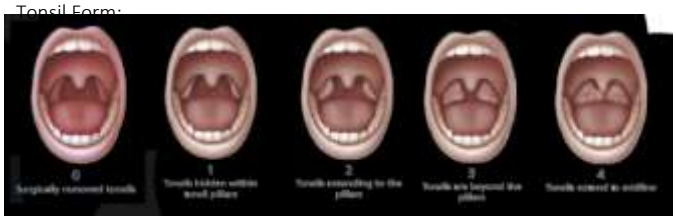
SSRI Use? ❒ no ❒ yes

Facial Form:	❒ orthocephalic	❒ bradycephalic	❒ dolichocephalic	Linea Alba	❒ no ❒ yes
Facial Symmetry:	❒ normal	❒ left side prominent	❒ right side prominent	Scalloped Tongue	❒ no ❒ yes
Upper Arch Width:	❒ normal	❒ constricted (❒ mild ❒moderate ❒ severe)	❒ High Palate	Palatal Torus	❒ no ❒ yes (S M L)
Cant of Maxilla:	❒ level	❒ left side lower	❒ right side lower	Mandibular Tori	❒ no ❒ yes (S M L)
AP Tip of Maxilla:	❒ level	❒ incisors lower	❒ incisors higher		

Throat Form:

Class 1 Class 2 Class 3 Class

Tonsil Form:



Breathing: ❒ nose ❒ mouth ❒ both
Unreplaced missing teeth: _____ Teeth of concern: _____

Contact on closing: ❒ even ❒ incisors ❒ left side ❒ right side
Slide into centric: ❒ none ❒ vertically _____mm ❒ posterior _____mm ❒ left _____mm ❒ right _____mm ❒ anterior _____mm

TMJ Assessment:

TMJ Noises		Left	Right
None	Normal	❒	❒
	Restricted	❒	❒
Click	Early	❒	❒
	Intermediate	❒	❒
	Late	❒	❒
Pop	Early	❒	❒
	Intermediate	❒	❒
	Late	❒	❒
Displaced Disk	Closed Lock	❒	❒
Arthritis	Crepitation	❒	❒
Capsulitis	Lateral Pole	❒	❒
	Posterior Joint	❒	❒

Mandibular Range of Motion:

Range of motion	mm	Pain left?	Pain right?
Wide opening		❒ myo ❒ tmj	❒ myo ❒ tmj
Left		❒ myo ❒ tmj	❒ myo ❒ tmj
Right		❒ myo ❒ tmj	❒ myo ❒ tmj
Protrusion		❒ myo ❒ tmj	❒ myo ❒ tmj

Deviation on Protrusion: ❒ none ❒ to left_____ ❒ to right _____

Mandibular tremor present: ❒ no ❒ yes

Coordination of Movement: ❒ normal ❒ mild loss ❒ moderate loss ❒ dyskinesia

Muscular Assessment:

Muscle Group	Left	Right
Temporalis	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Masseter	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Medial Pterygoid	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Lateral Pterygoid	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Sphenomandibularis	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Posterior Digastric	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Anterior Digastric	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Sternocleidomastoid	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Scalene	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP
Upper Trapezius	0 1 2 3 4 5 TP	0 1 2 3 4 5 TP

Periodontal Health:

PSR Scoring		
UR	UA	UL
LR	LA	LL

0 = no pocket
1 = 1-2mm pocket
2 = 3-4mm pocket
3 = 4-5mm pocket
4 = 5+ mm pocket

❒ Periodontal referral/therapy needed

Date	Code	Clinical Notes	Fee	Initials
		Examination		

Initial Treatment Plan

Signature Examiner

Signature Assistant