

**ORTHODONTIC SERVICE
SALZMANN EVALUATION INDEX**

Commonwealth of Pennsylvania
Department of Public Welfare
MEDICAL ASSISTANCE PROGRAM

PATIENT'S NAME - LAST, FIRST, MIDDLE INITIAL	County	Record Number	Cat.	Ctr. Dig.	Line No.
REFERRING DENTIST					
ORTHODONTIST'S NAME	PROVIDER TYPE	M.A.I.D. NO.	DATE OF ASSESSMENT		

HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

A. Intra - Arch Deviation

SCORE TEETH AFFECTED ONLY	MISSING	CROWDED	ROTATED	SPACING		NO.	POINT VALUE	SCORE
				Open	Closed			
MAXILLA	ANT.						X2	
	POST.						X1	
MANDIBLE	ANT.						X1	
	POST.						X1	
TOTAL SCORE								

ANT = Anterior Teeth (4 incisors)
POST = Posterior Teeth (Include canine, premolars and first molars)
NO. = Number of teeth affected

B. Inter - Arch Deviation

1. Anterior Segment

SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE*	OVERJET	OVERBITE	CROSSBITE	OPENBITE	NO.	PT VALUE	SCORE
						X2	
TOTAL SCORE							

*Score Maxillary or Mandibular Incisors
No. = Number of teeth affected

2. Posterior Segment

SCORE AFFECTED TEETH ONLY	RELATE MANDIBULAR TO MAXILLARY TEETH				SCORE AFFECTED MAXILLARY TEETH ONLY				NO.	POINT VALUE	SCORE
	DISTAL		MESIAL		CROSSBITE		OPENBITE				
	Right	Left	Right	Left	Right	Left	Right	Left			
CANINE										X1	
1ST PREMOLAR										X1	
2ND PREMOLAR										X1	
1ST MOLAR										X1	
TOTAL SCORE											

GRAND TOTAL

PLEASE COMPLETE THE FOLLOWING IN DETAIL:

DESCRIPTION OF PATIENT'S CONDITION AND DIAGNOSIS:

DIAGNOSTIC PROCEDURES:

TREATMENT PLAN:

REMARKS:
