

# 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	

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

**TOTAL SCORE**

### B. Inter - Arch Deviation

#### 1. Anterior Segment

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

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

**TOTAL SCORE**

#### 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:**

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**DIAGNOSTIC PROCEDURES:**

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**TREATMENT PLAN:**

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**REMARKS:**

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