Sal

					THODONTIC ANN EVALU							
PATIENT'S NAME – LAST, FIRST, MIDDLE INITIAL							Member #		Date o	Date of Birth		
REFERRING D	ENTIST											
ORTHODONTIST'S NAME						Tax ID			DATE (DATE OF ASSESSMENT		
			HAND	ICAPPING M	ALOCCLUSIO	N ASSESS	MENT	RECORD				
				Α	. Intra-Arcl	h Deviatio	on					
SCORE TEETH AFFECTED ONLY		ED	MISSING	CROWDED	ROTATED	SPACING			NO	POINT	CCODE	
						Open	Clo	sed	NO.	VALUE	SCORE	
	AN	Т.				Орен	2.0			X2		
MAXILLA	POS	ST.								X1		
MANDIDLE	AN ⁻	T.								X1		
MANDIBLE	POS	ST.								X1		
POST = Posteri	Teeth (4 inci	sors) ude canine,	premolars	and first molars		h Deviatio	on		T	OTAL SCORE		
POST = Posteri	Teeth (4 inci	sors) ude canine,	premolars	В	. Inter-Arcl		on	·	T			
NO. = Number	o Teeth (4 inci ior Teeth (incl of teeth affec	sors) lude canine, cted		B 1	. Inter-Arc	Segment				OTAL SCORE	Т	
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Salzmann Evaluation Index score of 25 points or more must be achieved to be eligible for

comprehensive orthodontic treatment under the program

