

Check List (Before appliance removal)

Patients Name:	Age:	Orthodontist:
1- Oral Health a. Absence of tooth decay b. Absence of decalcification c. Absence of periodontal recession d. Absence of root resorption e. Root parallelism	Answer () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No	Comments _____ _____ _____ _____
2- Esthetic a. Facial – Frontal I- Symmetry II- Balanced proportions b. Facial - Profile I- Total - Orthognathic profile II- Lower third – “S” Line c. Dental Esthetic I- Lips at rest: 3 - 5 mm II- Smile 1- Upper edges parallel to the lower lip 2- Gingival outline and exposure: 0 to ± 2mm 3- Incisors display on smiling: 10 - 12mm 4- Proportional Shapes, Positions and Sizes. 5- View in esthetic proportions: 100:60%.	() Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
3- Occlusion a. Occlusal view I- Correct points of contact II- Absence of rotations III- Leveling of marginal ridges b. Lateral view – Posterior to anterior I- Molar relationship: II- Occlusal relationship (M – D) III- Occlusal contacts (Vertical) IV- Anterior Torque – Overjet and overbite V- Occlusal Plane (flat or smooth curve) c. Frontal view I- Mesial distal inclinations – Upper anterior II- Lower incisors vertical III- Midline (0 to 2,5mm to the face) IV- Posterior upper torque - en mass V- Posterior lower torque - progressive	() Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
4- Function a. Centric relation = M. I. (No slide) b. Incisor guidance (Overjet and overbite = 2 - 3mm) c. Canine guidance (No posterior interference) d. Healthy TMJ - Symptom-free	() Yes () No () Yes () No () Yes () No () Yes () No	_____ _____ _____ _____
5- Stability a. Maintenance of intercanine width b. Maintenance of lower arch form c. Lower incisors positions (maintain, upright) d. Mandibular plane (maintain, decrease) e. Lower retention – defined f. Upper retention - defined	() Yes () No () Yes () No () Yes () No () Yes () No () Yes () No () Yes () No	_____ _____ _____ _____ _____ _____
6- General Considerations a. Lower incisors stability b. 11/10 orthodontics (overcorrections) c. Atypical or unusual case d. Patient Cooperation e. Other considerations	() Yes () No () Yes () No () Yes () No () Yes () No	_____ _____ _____ _____
7- Conclusions about the case a. Good or excellent treatment b. Notes:	() Yes () No	_____ _____ _____ _____