NJ Orthodontic Assessment Tool for Comprehensive Treatment HLD (NJ-Mod3)

 Date	Attach attestation that all needed preventive and dental treatment w	as completed **
Nam	e:NJFC ID #	
OOB	: Sex: M / F Class/Type of Case	
	e of Orthodontist:	
auto 6B-1	instructions for completing this form begin on page 9. Section matically qualify. Score with an X when these conditions are property of the property of the scores must total 26 or more, or when less than 26 umentation of medically necessity.	esent. Sections
	Condition	Score
1.	Cleft palate deformity (attach description from credentialed specialist)	
2.	Cranio-facial Anomaly (attach description from credentialed specialist)	
3.	Impacted permanent anteriors where extraction is not indicated Note the number of teeth	
4.	Crossbite of individual anterior teeth with trauma, mobility and/or soft tissue damage must be present and documented	
5.	Severe traumatic deviations	
6A.	Overjet greater than 9 mm with incompetent lips or reverse overjet greater than 3.5 mm	
6B.	Overjet (mm)	
7.	Overbite (mm)	
8.	Mandibular protrusion (mm) x 5	
9.	Open bite (mm) x 4	
10.	Ectopic eruption or crossbite of individual anterior teeth without damage (# of teeth x 3)	
11.	Deep impinging overbite (intra-oral photos showing palatal soft tissue impingement/destruction, gingival recession or attrition of teeth are required) Score 3 points if present	
12.	Anterior crowding MX MD Total x 5 (score 1 per arch)	
13.	Labiolingual spread (mm)	
14.	Posterior unilateral crossbite (involving molar): Score 4 if present	
15.	Psychological factors affecting development ("X" requires detailed documentation by mental health provider as described per contract of psychological/psychiatric diagnosis, prognosis and that orthodontic correction will improve mental/psychological condition.)	
	TOTAL	
	ocumentation of extenuating circumstances attached for score to ependent of conditions described in #s1-6A and 15)	otal less than 26

(independent of conditions described in #s1-6A and 15).