



Anterior Openbite Study

Practitioner's Final Visit Form

Please make sure to measure the height of your patient's right maxillary central incisor and record it below. Also, please make sure that the following records are obtained at this one-year follow-up time, and submit them with this form.

- An intra-oral frontal photograph taken in maximum intercuspation, and
- An intra-oral frontal photograph taken with the incisors slightly apart.

Visit Date: |__|_|_|/|__|_|_|/|_2_|_0_|_1_|_|_|
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1. Please measure and record the greatest height of your patient's right maxillary central incisor, perpendicular to the incisal edges of the incisors. (You should measure from the gingival margin to the incisal edge, to the nearest tenth of a millimeter.) |__|_|_|. |__|_| mm

2. Has the anterior openbite relationship been stable since the end of treatment?

- Yes (Go to Q3) No (Go to Q2a)

2a. If no, indicate the current overbite status:

- The overbite has lessened, but there is still incisal overlap
- The overbite has lessened, and there is no longer incisal overlap
- The overbite has deepened, and there is more incisal overlap
- The overbite has deepened, but there is no incisal overlap

3. Indicate the molar relationship on the patient's right side and left side. (Check only one for each side)

Molar Class (Right side):	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II ½ cusp	<input type="checkbox"/> Class II full cusp	<input type="checkbox"/> Class III ½ cusp	<input type="checkbox"/> Class III full cusp
Molar Class (Left side):	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II ½ cusp	<input type="checkbox"/> Class II full cusp	<input type="checkbox"/> Class III ½ cusp	<input type="checkbox"/> Class III full cusp

4. Have there been any changes in alignment of the upper incisors?

- Significant changes
- Minor changes
- No changes

5. Have there been any changes in alignment of the lower incisors?

- Significant changes
- Minor changes
- No changes

