

FORM 6-1.

Oral-facial Examination Form

Name: _____ Age: _____ Date: _____
E a : _____

Instructions: C a a a . I a a g .

Evaluation of Face

Comments

_____ a / a g / a _____
_____ a a : / g a / a _____
_____ a a g : / _____
_____ :

Evaluation of Jaw and Teeth

T a a a .
_____ a g f : a / _____
_____ a / a a g / a a a _____
_____ a / a / g / a a _____
_____ TMJ : a / g / g _____
_____ :

O a .

_____ (a a a) : a / (Ca I) / (Ca II) / _____
_____ (a a a) : a / a / a _____
_____ a a a g (a f) _____
_____ a a g f : a / a / a g _____
_____ g : _____
_____ :

Evaluation of Lips

T a a a .
_____ a g f : a / _____
_____ a / a a / a g / a a _____
_____ g (a g a a a) : a / a _____
_____ :

FORM 6-1. Continued

T _____ a/ _____ g _____

_____ a g f : a/ _____

_____ g (a _____ g _____ a): a/ _____

_____ :

T _____ a/ _____ g _____

_____ a g f : a/ _____

_____ :

T _____ a/ _____ g _____

_____ a g f : a/ _____

_____ :

O _____ a/ _____ g _____

_____ a g f : a/ _____ g _____

_____ :

Evaluation of Pharynx:

_____ a/a _____ a _____

_____ a a/ a/ a g _____

_____ :

Evaluation of Hard and Soft Palates:

_____ a/a _____ a _____

_____ ga : a/ _____

_____ a g a/ g/ _____

_____ a : a/ a/ _____

_____ g : a (_____) _____

_____ f a: a (_____) _____

_____ g: a (_____) _____

_____ a a/ a g _____

FORM 6-1. Continued

_____ gag- f : a/a / a / a _____

_____ : _____

T a g/a/.

_____ f a/ a g/ a f _____

_____ /a / _____

_____ a a /a / _____

_____ a a / f / a g/ a f _____

_____ a a : a / a a _____

_____ : _____

Summary of Findings: