HEALTHY STEPS ORTHODONTIC SCREENING FORM

Return completed form to: Delta Dental of Minnesota ND Healthy Steps PO Box 131



Minneapolis, MN 55440-0131

Name		Date	
Enrollee ID		Date of Birth	
This immediate referral is for a Cleft lip or Cleft Palate			
Comments:			
This referral is an Interceptive screening for evaluation of orthodontic treatment based upon: Anterior cross bite Ectopic (mal-positioned incisors) Posterior cross bite Cleft lip/Cleft palate Any child experiencing one or more conditions listed above may be referred to an enrolled dental provider for an evaluation without the Comprehensive evaluation below. Points are not required.			
Comments:			
This referral is a Comprehensive screening for evaluation of orthodontic treatment. Have the child position their teeth in centric position (normal bite position of the child). Record all measurements in the order below, round off to the nearest millimeter (mm), multiply if necessary and total points.			
CONDITION	MEASURE	MENT	SCORE
Over jet	Measure over jet in mm		
Over bite	Measure over bite in mm		
Mandibular protrusion	Measure number of mm between arch		
(lower front teeth)	protrusion and multiply by 5		
Anterior open bite	Measure number of mm at and multiply by 4	largest open space	
Impacted anterior teeth (both arches)	Count number of impacted	teeth, multiply by 5	
Moderate crowding of teeth	Add 2 pts per arch (upper	and/or lower)	
Severe crowding of teeth	Add 4 pts per arch (upper	and/or lower)	
Number of teeth in anterior cross bite	Add number of teeth and r		
Number of teeth in posterior cross bite	Add number of teeth and multiply by 2		
Habits affecting arch development	Add 2 pts finger or thumb thrusting	sucking; tongue	
TOTAL POINTS			
Consideration may be given if the index is 18 points or higher and must include: ADA claim form; x-rays and/or photos; a narrative description; evidence of the child's oral hygiene and child and parent's willingness to comply with treatment recommendations. All documentation should be submitted to Delta Dental of Minnesota for review. The child must be eligible for Healthy Steps at the beginning of the treatment phase. Dentist Signature			