

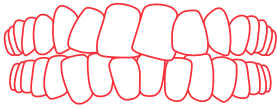
Bite Health Evaluation

Name: _____

Date of exam: _____

1 Patient presents with the following condition(s):

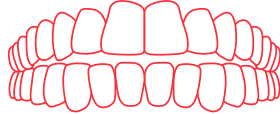
☐ CROWDING



Signs and symptoms:

- Plaque
- Difficulty flossing
- Chipping/wear of teeth

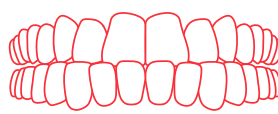
☐ OPEN BITE



Signs and symptoms:

- Speech problems
- Difficulty chewing and swallowing

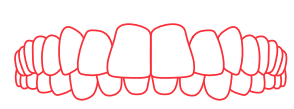
☐ UNDER-BITE



Signs and symptoms:

- Difficulty chewing food
- Chipping/wear of teeth
- Jaw pain and headaches

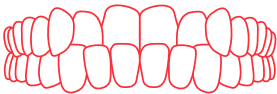
☐ DEEP BITE



Signs and symptoms:

- Lower teeth wear
- Sores on roof of mouth
- Jaw pain and headaches

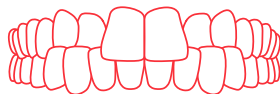
☐ FRONT CROSS-BITE



Signs and symptoms:

- Speech problems
- Gingival recession
- Chipping/wear of teeth

☐ BACK CROSS-BITE



Signs and symptoms:

- Notching at gum line
- Chipping/wear of teeth
- Jaw pain and headaches

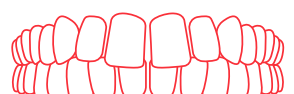
☐ PROTRUSION



Signs and symptoms:

- Speech problems
- Chipping/wear of teeth
- Trauma to front teeth

☐ SPACING



Signs and symptoms:

- Food traps
- Sore gums/bad breath
- Biting of gums/cheeks

2 Additional areas of concern:

Teeth:

- ☐ Wearing
- ☐ Shifting/crowding
- ☐ Chipping
- ☐ Trauma

Gums:

- ☐ Bleeding
- ☐ Receding

Impact:

- ☐ Oral health is declining
- ☐ Occlusion impact/trauma
- ☐ Gum health
- ☐ Ability to clean is compromised

3 Recommendations:

☐ CandidPro™ clear aligner therapy

☐ Referral to an orthodontist

MKT-0182 rev.0

Your overall health is important to us! We are concerned that if these issues are left untreated, and your teeth are not properly aligned, these issues will likely worsen with time and lead to other, more costly dental procedures in the future. Please sign below confirming that we have made you aware of the condition, our concerns, and suggested treatment.

Patient signature: _____ Date: _____

CandidPro™