



ORTHODONTIC SERVICE SALZMAN EVALUATION INDEX

PATIENT'S NAME – LAST, FIRST, MIDDLE INITIAL	ENROLLEE #	DATE OF BIRTH
REFERRING DENTIST	CLAIM #, if available	
ORTHODONTIST'S NAME	TAX ID	DATE OF ASSESSMENT

HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

A. Intra - Arch Deviation										
SCORE TEETH AFFECTED ONLY		MISSING	CROWDED	ROTATED	SPACING		NO.	POINT VALUE	SCORE	
					OPEN	CLOSED				
MAXILLA	ANT	7 8 9 10	7 8 9 10	7 8 9 10	7 8 9 10	7 8 9 10		X2		
	POST	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11	3 4 5 6 14 13 12 11		X1		
MANDIBLE	ANT	23 24 25 26	23 24 25 26	23 24 25 26	23 24 25 26	23 24 25 26		X1		
	POST	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27	19 20 21 22 30 29 28 27		X1		
ANT = Anterior Teeth (4 incisors) NO. = Number of teeth affected POST = Posterior Teeth (include canine, premolars and first molars)									TOTAL SCORE	

B. Inter - Arch Deviation											
1. Anterior Segment											
SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE*	OVERJET	OVERBITE	CROSSBITE	OPENBITE	NO.	POINT VALUE	SCORE				
	7 8 9 10	7 8 9 10 23 24 25 26	7 8 9 10	7 8 9 10		X2					
*Score Maxillary or Mandibular Incisors No. = Number of teeth affected						TOTAL SCORE					
2. Posterior Segment											
SCORE AFFECTED TEETH ONLY	RELATE MANDIBULAR TO MAXILLARY TEETH				SCORE AFFECTED MAXILLARY TEETH ONLY				NO.	POINT VALUE	SCORE
	DISTAL		MESIAL		CROSSBITE		OPENBITE				
	Right	Left	Right	Left	Right	Left	Right	Left			
CANINE										X1	
1 ST PREMOLAR										X1	
2 ND PREMOLAR										X1	
1 ST MOLAR										X1	
TOTAL SCORE											

No primary teeth may exist and a Salzmann Evaluation Index score of 25 points or more must be achieved to be eligible for comprehensive orthodontic treatment.	GRAND TOTAL	
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