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**ORTHODONTIC SERVICE  
SALZMANN EVALUATION INDEX**

PATIENT'S NAME – LAST, FIRST, MIDDLE INITIAL		Member #	Date of Birth
REFERRING DENTIST			
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.							X2	
	POST.							X1	
MANDIBLE	ANT.							X1	
	POST.							X1	
TOTAL SCORE									

ANT = Anterior Teeth (4 incisors)  
 POST = Posterior Teeth (include canine, premolars and first molars)  
 NO. = Number of teeth affected

**B. Inter-Arch Deviation**

1. Anterior Segment

SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE*	OVERJET	OVERBITE	CROSSBITE	OPENBITE	NO.	POINT VALUE	SCORE
						X2	
TOTAL SCORE							

\*Score Maxillary or Mandibular incisors  
 No. = Number of teeth affected

2. Posterior Segment

SCORE AFFECTED TEETH ONLY	RELATE MANDIBULAR TO MAXILLARY TEETH				SCORE AFFECTED ONLY MAXILLARY TEETH				NO.	POINT VALUE	SCORE
	DISTAL		MESIAL		CROSSBITE		OPENBITE				
	Right	Left	Right	Left	Right	Left	Right	Left			
CANINE										X1	
1 <sup>ST</sup> PREMOLAR										X1	
2 <sup>ND</sup> PREMOLAR										X1	
1 <sup>ST</sup> MOLAR											
TOTAL SCORE											

**GRAND TOTAL**

Salzmann Evaluation Index score of 25 points or more must be achieved to be eligible for comprehensive orthodontic treatment under the program

