

CASE INFORMATION					
Patient Name			Surgery Date	___ / ___ / ___	Not Scheduled
Hospital			Requested Meeting	___ / ___ / ___ at ___ : ___ AM PM Will be confirmed after ALL data submitted.	
Surgeon			Surgeon Time Zone		
Distributor			Rep Phone		
Representative			Rep Email		
CLINICAL MEASUREMENTS					
Maxillary Dental Deviation	Right Left	_____ mm(s)	Current Occlusal Plane Angle	_____ degree(s)	
Canine Position	Even	Right Superior _____ mm(s)	Left Superior _____ mm(s)		
SURGICAL PLAN					
Clinical Approach	Single Jaw	Double Jaw	If Double Jaw, starting with:	Maxilla	Mandible
Maxilla Surgery	LeFort I	LeFort II	LeFort III	Maxilla Segments	_____ piece(s)
Mandible Surgery (Left Side)	SSO Vertical Ramus Inverted L	Mandibular Split Subapical Osteotomy	Mandible Surgery (Right Side)	SSO Vertical Ramus Inverted L	Mandibular Split Subapical Osteotomy
PLANNED SURGICAL MOVEMENTS <span style="float: right;">Determine during Planning Session</span>					
Midline Correction	Patient Right Patient Left N/A	_____ mm(s)	Genioplasty	Yes	No
Maxillary Movement	Impact Down	_____ mm(s)	Advancement Setback	_____ mm(s)	
Occlusal Plane Angle Correction	Increase Decrease	_____ degree(s)	Occlusal Plane Position Correction	1st Molar Impaction 1st Molar Down	_____ mm(s)
Additional Instructions:					