

AccuPlan® - Orthognathic

501 Second Ave., Suite A-1000 • Dallas, TX 75226 • U.S.A. • (214) 453-8864 • www.medcad.net

(Please complete the form in full)

Company/Hospital: _____

Patient Name and Age: _____

Surgery Date: _____

Surgeon: _____

City, State, Zip code _____

Country _____

Contact Phone No: _____

Email: _____

Clinical information:

Maxillary Dental Deviation	_____ (mm)	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Incisal Visibility	_____ (mm)				
Facial Asymmetry		Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Canine position:	Even <input type="checkbox"/>	Rt. superior	<input type="checkbox"/>	Lt. superior	<input type="checkbox"/>
Maxilla position:	Normal <input type="checkbox"/>	Prognathic	<input type="checkbox"/>	Retrognathic	<input type="checkbox"/>
Mandible:	Normal <input type="checkbox"/>	Prognathic	<input type="checkbox"/>	Retrognathic	<input type="checkbox"/>

Surgical planning:

Maxilla and Mandible	<input type="checkbox"/>	Maxilla first	<input type="checkbox"/>	Mandible first	<input type="checkbox"/>
Maxilla only	<input type="checkbox"/>	Mandible only	<input type="checkbox"/>		
Maxilla –					
Le Forte I	<input type="checkbox"/>	Le Forte II	<input type="checkbox"/>	Le Forte III	<input type="checkbox"/>
Single piece	<input type="checkbox"/>	Two pieces	<input type="checkbox"/>	Three pieces	<input type="checkbox"/>
Mandible -					
Sagittal Split Osteotomy	<input type="checkbox"/>	Vertical ramus	<input type="checkbox"/>	Inverted L	<input type="checkbox"/>
Genioplasty	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____	

Preliminary Surgical Plan Maxilla:

Incisor position (mm)

Advancement	_____	Set back	_____
Patient Right	_____	Patient Left	_____
Up	_____	Down	_____

Canine Level equate to Right Left Distribute Variation Even

Occlusal plane 1st Molar Impaction Increase _____ (Deg) 1st Molar Down fracture Decrease _____ (Deg)

Genioplasty movement (mm) _____

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Splint requirements specifications:

Intermediate dental splint Intermediate sandwich splint Final dental splint

Splint thickness:

- Thin (Approximately 1.5 mm on each side of the bite)
 Medium (Approximately 3 mm on each side of the bite)
 Thick (Approximately 4.5 mm on each side of the bite)
 Other _____

Splint buccal extension 1mm 2mm 3mm

Posterior extension First molar Second molar

Signature _____

Date _____