

# Review of Scan: CBCT

Name \_\_\_\_\_ Scan Date \_\_\_\_\_

Review Date: \_\_\_\_\_

Scan Quality: Good Fair Marginal

First do quick scroll through axial, coronal, and sagittal for global impression.

## Right TMJ Scroll Corrected Sagittal and Corrected Coronal

Condyle:	<input type="checkbox"/> Normal Size	<input type="checkbox"/> Small condylar size	<input type="checkbox"/>
	<input type="checkbox"/> Normal Shape	<input type="checkbox"/> Altered condylar shape	<input type="checkbox"/>
	<input type="checkbox"/> Cortex Intact	<input type="checkbox"/> Cortex not intact	<input type="checkbox"/>
	<input type="checkbox"/> Crtx IntMed Even	<input type="checkbox"/> Hypercalcification	<input type="checkbox"/>
Fossa:	<input type="checkbox"/> Normal Size	<input type="checkbox"/> Small fossa size	<input type="checkbox"/>
	<input type="checkbox"/> Normal Shape	<input type="checkbox"/> Flattened fossa shape	<input type="checkbox"/>
	<input type="checkbox"/> Cortex Intact	<input type="checkbox"/> Cortex not intact	<input type="checkbox"/>
Condyle Position	<input type="checkbox"/> Centered in fossa	<input type="checkbox"/> Condyle distalized	<input type="checkbox"/>
Joint spacing	<input type="checkbox"/> Room for disc	<input type="checkbox"/> No room for disc	<input type="checkbox"/>
CR Load Zone	<input type="checkbox"/> Superior medial	<input type="checkbox"/> Superior Lateral	<input type="checkbox"/>
Estimate Piper:	R1 R2 R3a R3b R4a R4b R5a R5b		
Right TMJ Health:	<input type="checkbox"/> Healthy	<input type="checkbox"/> Damaged	<input type="checkbox"/> Active Degeneration <input type="checkbox"/> Adapting <input type="checkbox"/> Adapted

## Left TMJ Scroll Corrected Sagittal and Corrected Coronal

Condyle:	<input type="checkbox"/> Normal Size	<input type="checkbox"/> Small condylar size	<input type="checkbox"/>
	<input type="checkbox"/> Normal Shape	<input type="checkbox"/> Altered condylar shape	<input type="checkbox"/>
	<input type="checkbox"/> Cortex Intact	<input type="checkbox"/> Cortex not intact	<input type="checkbox"/>
	<input type="checkbox"/> Crtx IntMed Even	<input type="checkbox"/> Hypercalcification	<input type="checkbox"/>
Fossa:	<input type="checkbox"/> Normal Size	<input type="checkbox"/> Small fossa size	<input type="checkbox"/>
	<input type="checkbox"/> Normal Shape	<input type="checkbox"/> Flattened fossa shape	<input type="checkbox"/>
	<input type="checkbox"/> Cortex Intact	<input type="checkbox"/> Cortex not intact	<input type="checkbox"/>
Condyle Position	<input type="checkbox"/> Centered in fossa	<input type="checkbox"/> Condyle distalized	<input type="checkbox"/>
Joint spacing	<input type="checkbox"/> Room for disc	<input type="checkbox"/> No room for disc	<input type="checkbox"/>
CR Load Zone	<input type="checkbox"/> Superior medial	<input type="checkbox"/> Superior Lateral	<input type="checkbox"/>
Estimate Piper:	L1 L2 L3a L3b L4a L4b L5a L5b		
Left TMJ Health:	<input type="checkbox"/> Healthy	<input type="checkbox"/> Damaged	<input type="checkbox"/> Active Degeneration <input type="checkbox"/> Adapting <input type="checkbox"/> Adapted

## Scrolling Coronal View, Sagittal View, Axial View

All Tissue	<input type="checkbox"/> Right = Left	<input type="checkbox"/> = Except _____
Look for tumors Brain, Muscle, Parotid Submand Gland, Hypertrophy		
All Bones	<input type="checkbox"/> Right = Left	<input type="checkbox"/> = Except _____
Look for hypercalcified or radiolucent areas, cysts		
Sinuses “	<input type="checkbox"/> Clear	<input type="checkbox"/> Thick Lining <input type="checkbox"/> Sinus Polyps <input type="checkbox"/>
Nasal (Sagittal, Cor)	<input type="checkbox"/> Open	<input type="checkbox"/> Restricted <input type="checkbox"/> Deviated Septum <input type="checkbox"/> Adenoid <input type="checkbox"/>
Pharyngeal Airway	<input type="checkbox"/> Adequate	<input type="checkbox"/> Restricted <input type="checkbox"/> Base of tongue <input type="checkbox"/> Tonsils <input type="checkbox"/>
Teeth (Sagittal, Cor)	<input type="checkbox"/> No PAP	<input type="checkbox"/> PAP # _____ <input type="checkbox"/> Caries <input type="checkbox"/>
Perio (Thick Sagittal)	<input type="checkbox"/> No Gross Perio Bone Loss	
Atlas 3D	<input type="checkbox"/> Appears Centered	<input type="checkbox"/> Not Level with Skull Base <input type="checkbox"/>
C2, C3, C4 3D	<input type="checkbox"/> Aligned	<input type="checkbox"/> Misaligned
Max Mand Relation	<input type="checkbox"/> Normal Sagittal	<input type="checkbox"/> Retrognathic <input type="checkbox"/> Maxilla <input type="checkbox"/> Mandible
Max Mand Canting	<input type="checkbox"/> Normal Coronal	<input type="checkbox"/> Asymmetric Cant <input type="checkbox"/> Maxilla <input type="checkbox"/> Mandible

Impression:

Signature: \_\_\_\_\_