



Orthodontic Criteria Index form for Arizona

First Review

Second Review

Models	<input type="checkbox"/>	Orthocad	<input type="checkbox"/>
Ceph Films	<input type="checkbox"/>	X-Rays	<input type="checkbox"/>
Photos	<input type="checkbox"/>	Narrative	<input type="checkbox"/>

Patient Name _____ Date of Birth _____

Criteria	Yes	No
1 Congenital craniofacial or dentofacial malformation requiring reconstructive surgical correction in addition to orthodontic services.		
2 Trauma requiring surgical treatment in addition to orthodontic services.		
3 Skeletal discrepancy involving maxillary and/or mandibular structures.		
4 Letter or medical necessity from members physician regarding inability to chew, speak, or eat.		

Approved Denied

Criteria _____ not met

Reviewer Name _____ Date _____

Reviewer Signature _____