



## Orthodontic Criteria Index form for Arizona

First Review

Second Review

Models ☐ Orthocad ☐  
Ceph Films ☐ X-Rays ☐  
Photos ☐ Narrative ☐

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 \_\_\_\_\_