

Guide for completing the Wish For A Smile Dental Assessment Form

Question 1: Delayed eruption of teeth including supernumeraries and impacted teeth
(but NOT 3rd molars)



Question 2: Missing teeth (**FOUR or more**) not including 3rd molars (example missing 15,12,22,25,35,45)



Question 3: Increased overjet of **at least 7mm** distance between the labial of the upper and lower incisors (example 10 mm overjet)



Must be at least a 7mm horizontal gap

Question 4: Reverse overjet of **at least -ve 3mm** distance between the upper and lower incisors in crossbite (example -ve 3mm overjet)



Question 5: Crowding with displaced contact points of **5mm or greater**

Mild Crowding <5mm – **NO**



Moderate Crowding- **YES**



Severe Crowding - **YES**



Question 6: Anterior open bite of **4mm vertical gap** or more between the upper and lower incisors that is not associated with a digit sucking habit (example 4mm anterior open bite)



4mm vertical gap

Question 7: Trauma to the palate or lower labial gingival from a deep bite

