

Orthognathic Minimum Dataset Form

Demographics

NHS Number:

Local Patient Identifier:

Provider Organisation:

DOB: / / (dd/mm/yyyy)

Forename:

Surname:

Gender: Male Female Not known

Postcode:

Consent Obtained: Yes No

Date of Presenting Complaint: / / (dd/mm/yyyy)

Presenting Complaint (tick all that apply):

- | | | | | | |
|--------------------|--------------------------|-----------------------|--------------------------|-----------------|--------------------------|
| Post traumatic | <input type="checkbox"/> | Craniofacial syndrome | <input type="checkbox"/> | TM joint | <input type="checkbox"/> |
| Facial appearance | <input type="checkbox"/> | Dental appearance | <input type="checkbox"/> | Eating problems | <input type="checkbox"/> |
| Breathing problems | <input type="checkbox"/> | Sleep problems | <input type="checkbox"/> | Speech problems | <input type="checkbox"/> |
| Cleft palate | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

Orthognathic Minimum Dataset Form

Surgery

Date of surgery: / / (dd/mm/yyyy)

Provider Organisation:

Consultant In Charge GDC Code: - - - - -

Consultant In Charge GMC Code: - - - - -

Surgical Procedure (tick all that apply):

Le fort I	<input type="checkbox"/>	Segmental maxillary	<input type="checkbox"/>	Zygomatic widening	<input type="checkbox"/>	Sub sigmoid	<input type="checkbox"/>
Le fort II	<input type="checkbox"/>	Segmental mandibular	<input type="checkbox"/>	Zygomatic implant	<input type="checkbox"/>	Rhinoplasty	<input type="checkbox"/>
Le fort III	<input type="checkbox"/>	Bone graft rib	<input type="checkbox"/>	Chin implant	<input type="checkbox"/>	Genioplasty	<input type="checkbox"/>
SARPE	<input type="checkbox"/>	Bone graft iliac	<input type="checkbox"/>	Immediate movement	<input type="checkbox"/>	Sagittal split	<input type="checkbox"/>
Inverted L	<input type="checkbox"/>	Bone substitute	<input type="checkbox"/>	Distraction osteogenesis	<input type="checkbox"/>	Kufner	<input type="checkbox"/>
Other	<input type="checkbox"/>						

Movements:

Maxilla	Back <input type="checkbox"/>	Forwards <input type="checkbox"/>	Up <input type="checkbox"/>	Down <input type="checkbox"/>	Left Rotation <input type="checkbox"/>	Right Rotation <input type="checkbox"/>
Distance	.....mm	.....mm	.....mm	.....mm	.....mm	.....mm
Mandible	Back <input type="checkbox"/>	Forwards <input type="checkbox"/>	Up <input type="checkbox"/>	Down <input type="checkbox"/>	Left Rotation <input type="checkbox"/>	Right Rotation <input type="checkbox"/>
Distance	.....mm	.....mm	.....mm	.....mm	.....mm	.....mm
Chin	Back <input type="checkbox"/>	Forwards <input type="checkbox"/>	Up <input type="checkbox"/>	Down <input type="checkbox"/>	Left Rotation <input type="checkbox"/>	Right Rotation <input type="checkbox"/>
Distance	.....mm	.....mm	.....mm	.....mm	.....mm	.....mm

Operative Details:

Fixation (tick all that apply):

Plates Screws Resorbables Intermaxillary Fixation

Inferior Alveolar Nerve: Intact Traumatized Transected Repaired



British Association of Oral
and Maxillofacial Surgeons

Saving Faces - The Facial Surgery Research Foundation - funding

The National Facial Oral and
Oculoplastic Research Centre

NFORC



Saving Faces
The Facial Surgery Research Foundation

BOS
BRITISH ORTHODONTIC SOCIETY

Orthognathic Minimum Dataset Form

Re-Operation

Re-Operation Date: / / (dd/mm/yyyy)

Provider Organisation:

Reason (tick all that apply):

- | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|
| Infection | <input type="checkbox"/> | Jaw Joint pain | <input type="checkbox"/> | Fixation (plate/screw) extrusion | <input type="checkbox"/> |
| Relapse | <input type="checkbox"/> | Unsatisfactory occlusion | <input type="checkbox"/> | Fixation (plate/screw) fracture | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Re-Admission

Re-Admission Date: / / (dd/mm/yyyy)

Provider Organisation:

Reason (tick all that apply):

- | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|
| Infection | <input type="checkbox"/> | Jaw Joint pain | <input type="checkbox"/> | Fixation (plate/screw) extrusion | <input type="checkbox"/> |
| Relapse | <input type="checkbox"/> | Unsatisfactory occlusion | <input type="checkbox"/> | Fixation (plate/screw) fracture | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Debond Outcomes

Date of Debond: / / (dd/mm/yyyy)

Provider Organisation:

Overjet:mm

Overbite:mm

Post-Treatment Peer Assessment Rating (PAR):

Centre Line: Upper:

Left mm Right mm Centre

Lower:

Left mm Right mm Centre

Neurosensory Deficit:

Inferior Alveolar Nerve: None Paraesthesia Anaesthesia

Lingual Nerve: None Paraesthesia Anaesthesia

Infraorbital Nerve: None Paraesthesia Anaesthesia



British Association of Oral
and Maxillofacial Surgeons

Saving Faces - The Facial Surgery Research Foundation - funding

The National Facial Oral and
Oculoplastic Research Centre

NFORC



Saving Faces
The Facial Surgery Research Foundation

BOS
BRITISH ORTHODONTIC SOCIETY

Orthognathic Minimum Dataset Form

2 Year Post Debond Outcomes

Date of Review: / / (dd/mm/yyyy)

Provider Organisation:

Overjet:mm

Overbite:mm

Centre Line: **Upper:**

Left mm

Right mm

Centre

Lower:

Left mm

Right mm

Centre

Neurosensory Deficit:

Inferior Alveolar Nerve: None Paraesthesia Anaesthesia

Lingual Nerve: None Paraesthesia Anaesthesia

Infraorbital Nerve: None Paraesthesia Anaesthesia

Fixation (tick all that apply):

None Removed since debond Plates

Screws Intermaxillary fixation Reabsorbables

Re-Admission Date: / / (dd/mm/yyyy)

Reason (tick all that apply):

Infection Jaw Joint pain Fixation (plate/screw) extrusion

Relapse Unsatisfactory occlusion Fixation (plate/screw) fracture

Other



British Association of Oral
and Maxillofacial Surgeons

Saving Faces - The Facial Surgery Research Foundation - funding

The National Facial Oral and
Oculoplastic Research Centre

NFORC



Saving Faces
The Facial Surgery Research Foundation

BOS
BRITISH ORTHODONTIC SOCIETY

Orthognathic Minimum Dataset Form

5 Year Post Debond Outcomes

Date of Review: / / (dd/mm/yyyy)

Provider Organisation:

Overjet:mm

Overbite:mm

Centre Line: **Upper:**

Left mm

Right mm

Centre

Lower:

Left mm

Right mm

Centre

Neurosensory Deficit:

Inferior Alveolar Nerve: None Paraesthesia Anaesthesia

Lingual Nerve: None Paraesthesia Anaesthesia

Infraorbital Nerve: None Paraesthesia Anaesthesia

Fixation (tick all that apply):

None Removed since 2 year debond Plates

Screws Intermaxillary fixation Reabsorbables

Re-Admission Date: / / (dd/mm/yyyy)

Reason (tick all that apply):

Infection Jaw Joint pain Fixation (plate/screw) extrusion

Relapse Unsatisfactory occlusion Fixation (plate/screw) fracture

Other



British Association of Oral
and Maxillofacial Surgeons

Saving Faces - The Facial Surgery Research Foundation - funding

The National Facial Oral and
Oculoplastic Research Centre

NFORC



Saving Faces
The Facial Surgery Research Foundation

BOS
BRITISH ORTHODONTIC SOCIETY