



Myofunctional Screening

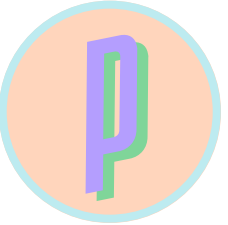


PATIENT NAME: _____ DATE: _____



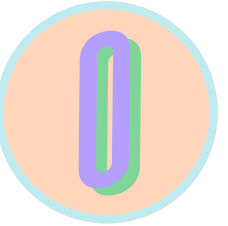
Speech

LISPING LOW TONGUE POSTURE SLOW/FAST SPEECH ERRORS



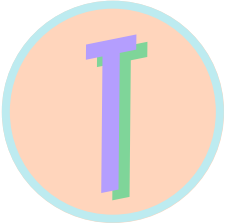
Posture

FORWARD HEAD ROUNDED SHOULDERS LEANING FORWARD CHIN TILTED UP



Occlusion

ANGLE'S CLASS: _____ CROSS BITE OPEN BITE DEEP BITE



Tethered Oral Tissue

TONGUE TIE: ___ANTERIOR ___POSTERIOR BONEY ATTACHMENT LABIAL/BUCCAL TIES



Swallow

TONGUE THRUST: ___ANTERIOR ___POSTERIOR INTERDENTAL SPLINTING GRIMACE

Issues associated with these findings: *CIRCLE*

BRUXISM/CLENCHING

SUCKING/BITING HABITS

DECAY

SNORING/APNEA

ORTHODONTIC RELAPSE

GINGIVITIS

MOUTH BREATHING

TMJD

PERIODONTAL POCKETING



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REFERRED BY: _____