***TMJ CONCEPTS* PATIENT-FITTED TMJ RECONSTRUCTION PROSTHESIS**

POST-OPERATIVE EVALUATION FORM

SURGEON:	PATIENT:	CASE #
SURGERY DATE:	DEVICE SIDE: Left Right Bilateral	
EXAM DATE:	FOLLOW-UP PERIOD: 2mo 6mo 1yr 2yr 3yr 4yr 5yr ___ yr	

CLINICAL ASSESSMENT

A. EXTRAORAL AND MUSCULAR EXAM

Significant Findings (i.e., asymmetry, atrophy, hypertrophy, tenderness):

B. INTRAORAL AND OCCLUSAL EXAM

MAXIMUM INTERINCISOR OPENING _____ mm

LEFT LATERAL EXCURSION _____ mm

RIGHT LATERAL EXCURSION _____ mm

Significant Findings:

C. IMAGING FINDINGS

☐ AP / PA ☐ Other (identify):
Do screws appear to be in place? ☐ Yes ☐ No (explain)
Do implants appear to be stable? ☐ Yes ☐ No (explain)

D. SUBJECTIVE ASSESSMENT (to be completed by patient)

How does your current overall quality of life compare to before you received your TMJ implants?

CHECK ONE: ☐ Much Better ☐ Better ☐ Same ☐ Worse ☐ Much Worse

PAIN [----------] NO PAIN — SEVEREST PAIN

JAW FUNCTION [----------] NO LOSS — CANNOT FUNCTION

DIET [----------] NO RESTRICTION — LIQUIDS ONLY

PATIENT'S SIGNATURE OR INITIALS

E. ADDITIONAL COMMENTS / COMPLICATIONS