

# Illinois Society of Orthodontists Donated Orthodontic Services Patient Referral Guide

The following examples represent the types and severity of malocclusions that may qualify for orthodontic treatment under the **Illinois State Medicaid Program** and should first be referred to that program.



**Class III (Underbite)**  
**Severe Anterior Openbite**  
**Posterior Crossbite**  
**Crowding**



**Class II (Overbite)**  
**Deepbite**  
**Ectopic Eruption**  
**Severe Crowding**

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The following malocclusions represent the case severity and types that would be appropriate for the **Illinois Donated Orthodontic Services (DOS) Program**.



**Minor Class III (Underbite)**  
**Posterior Crossbite**



**Class I**  
**Crowding**  
**Single Tooth Crossbite**

The goal of the **AAO DOS Program** is to provide orthodontic treatment to adolescents whose malocclusion is not severe enough to qualify for the Illinois State Medicaid Program or other programs, yet significant enough to suffer detrimental dental and social effects. As resources are limited, treatment for minor orthodontic problems is discouraged. Please call the AAO DOS Coordinator at (800) 699-6785 with any questions.

Component  
American Association of  
Orthodontists



Note that these cases are for illustrative purposes only, and do not infer any guarantee of orthodontic treatment under the DOS Program or the Illinois State Medicaid Program.