



LOS ANGELES CENTER FOR
ORAL & MAXILLOFACIAL SURGERY

Personal Consultation Report For:



Consultant

Robert J. Relle DDS, FACS

LACOMS

LOS ANGELES CENTER FOR
ORAL & MAXILLOFACIAL SURGERY

Steven B. Kupferman, DMD, MD, FACS | Benjamin W. Walline, DDS, MD, FACS | Robert J. Relle, DDS, FACS | Jay K. Lee, DDS, MD, FACS | Brittany Sonnichsen, DMD | Omar Kholaki, DDS, MD



WELCOME

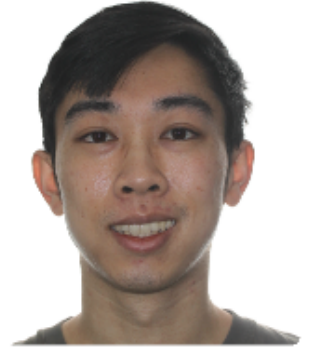
Thank you for choosing the Los Angeles Center for Oral & Maxillofacial Surgery. We are committed to serving you with exceptional care and the highest standards of clinical excellence.

This is your Personal Medical Report, prepared for you by your care team. Inside, you will find a summary of our findings, and recommended next steps.

If you have any questions about this report or your treatment, please don't hesitate to contact our office.

ORTHOGNATHIC SURGERY CONSULTATION

Patient: [REDACTED]
MRN: [REDACTED]
Date of Service: November 18, 2025
Referring care provider: [REDACTED]



CHIEF CONCERNS

"Aesthetic jaw surgery consult"
"Recessed face"

HISTORY OF PRESENT ILLNESS

[REDACTED] is a 26-year-old who has been referred by Dr. Russell Chang for a corrective jaw surgery consultation. Harrison's treatment goals are predominantly aesthetic, although he is experiencing poor sleep and notes that he is also experiencing clicking in his jaw.

[REDACTED] noted on his initial questionnaire that he would like his treatment result to have a KPop Idol resemblance, with visible pronounced cheekbones and forward growth of the maxilla and jaw. He has previously consulted with other surgeons, and one of the surgeons he met with at Kaiser OC provided a diagnostic 3-D virtual surgical plan indicating approximately 9 mm of maxillary advancement and 20 mm of mandibular advancement (Pogonion) through double-jaw surgery and genioplasty. Another surgeon discussed the option of a genioplasty or double-jaw surgery. [REDACTED] is also considering nasal reconstructive surgery.

[REDACTED] had two portable sleep studies (WatchPAT). One study indicated mild obstructive sleep apnea with an oxygen saturation nadir to 83%, which seems like a spurious reading. A second portable sleep study did not have an elevated AHI and oxygen saturation was greater than 90%. He has not consulted with a medical sleep specialist. [REDACTED] noted that he practices lip taping at night.

PMH:

Harrison is in good general health

PSH:

Third molar exodontia

Medications: None

Allergies: None

Health Alerts: Contact lenses, Jaw Pain / clicking, Removable dental appliance, Snoring, Sleep Apnea / CPAP

Exam

General:

OTHERS PRESENT AT CONSULTATION

Patient-only

General facial characteristics

Face type: Severe vertical pattern (Ricketts)

Frontal Evaluation

Eyes: Left faintly superior

Nose: Straight tip and dorsum
Maxillary dental midline: Centered
Mandibular dental midline: Three lower incisors
Chin: Facially centered
Mandibular yaw: No yaw
Maxillary cant: Right slightly superior (Upper right canine cusp is flat)
Mandibular cant: No cant
Alar base width (mm): 38
Upper lip length (mm): 22
Lips relaxed upper incisal display(mm): 6
Labial insufficiency in repose (mm): 10
Smile line: WNL
Buccal corridors: No dark buccal corridors
+Mentalis Muscle strain

Profile Evaluation

Midface: Deficient
Upper lip: WNL fullness/support
Upper incisor: Approximates GALL
Chin: Deficient

Airway Evaluation

Mallampati score: 3
Tonsil grade: 0
Tongue size: WNL
Lingual frenal restriction: No
Nasal obstruction: "I feel like I should get more air through my nose" " I use lip tape while I sleep"

TMJ Evaluation

Maximum interincisal opening (mm): 39
Opening deviation: No deviation
TMJ palpation: No clicking or crepitation
TMJ pain on palpation: No TMJ pain on palpation
Masticatory muscle pain on palpation: No masticatory muscle pain on palpation
Cranial nerves II-XII: asymmetric smile

Intraoral Evaluation

Oral mucous membrane: Healthy appearing
Dentition: Sound appearing
Overbite(mm)- 3
Overjet(mm)- 3
Angles Classification: Class I
Posterior crossbite: No posterior crossbite
Posterior open bite: No posterior open bite
CR-CO Discrepancy: No functional shift

Models

Date of models - Today
Transverse discrepancy: No transverse discrepancy
Dental arch symmetry: No significant intra-arch asymmetries
Upper Curve of Spee: WNL
Lower Curve of Spee: WNL
Upper Curve of Wilson: Excessive
Lower Curve of Wilson: WNL

Tooth mass (3-3): Missing a lower incisor
Arch length: No significant spacing or crowding

CBCT

No significant intraosseous abnormalities
Paranasal sinuses are clear
Mild nasal septal deviation
Unerupted teeth - None
Missing teeth - #1,16,17,32 and one lower incisor (congenitally missing)

TMJ survey

Right condylar bulge is slightly sorter than left
Condyles are centrally positioned
Cortical outlines are intact

Rendered lateral cephalometric radiograph

SNA/SNB/ANB (degrees): 80/74/6
Wits Appraisal (mm): -0.5
U1 vs. OP (degrees): 63
L1 vs. OP (degrees): 73

SUMMARY OF CORE FINDINGS [2]

- Horizontal and posterior vertical mandibular hypoplasia **ICD-10 CM M26.04**
- Mild anterior vertical maxillary hyperplasia **ICD-10 CM M26.01**
- Excessive horizontal overlap (Bolton discrepancy) **ICD-10 CM M26.23**
- Class I dental relationship **ICD-10 CM M26.211**

SURGICAL TREATMENT CONSIDERATIONS

The annotated treatment goal reflects the following movements:

- Midface reconstruction, Le Fort I maxillary osteotomy- anterior impaction, posterior down-graft, no advancement **CPT code 21141**
- Mandibular reconstruction, bilateral sagittal osteotomies of the mandibular ramus with rigid fixation- advance and CCW closing rotation **CPT code 21196**
- Horizontal anterior mandibular osteotomy- advancing and vertical reduction genioplasty **CPT code 21121**
- 3-D virtual surgical planning and interocclusal surgical guides **CPT code 21085**

PRESURGICAL ORTHODONTIC CONSIDERATIONS

teeth and occlusion are in relatively good alignment already. I would not anticipate the need for much if any pre-surgical orthodontic treatment. Some post-operative orthodontic treatment should be anticipated.

COUNSELING NOTE

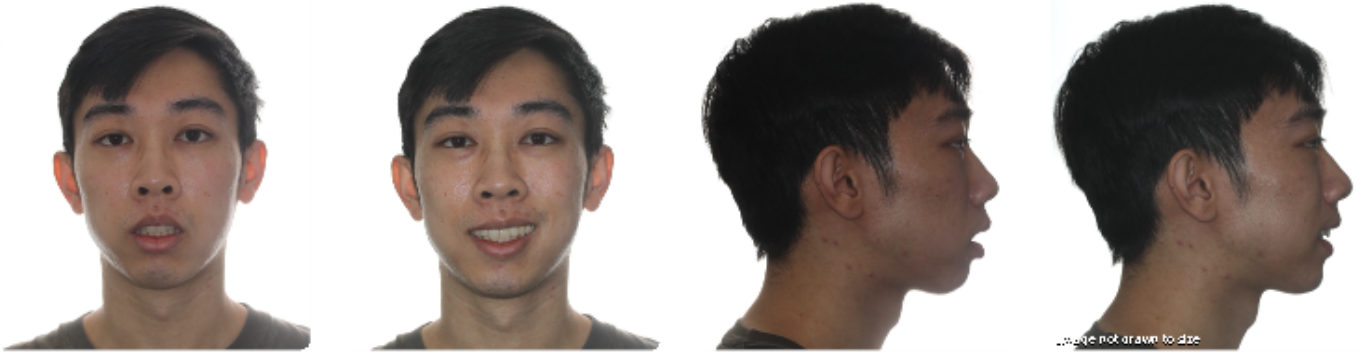
and I searched Google images and evaluated his preferred KPop idol (Sunghoon) to see if likeness goals are realistic. My proposed surgical plan does not incorporate maxillary advancement, and I explained my rationale, and I do not believe that we will accomplish a likeness of Sunghoon, which is likely to result in disappointment and regret. I also pointed out that my movement numbers are significantly different than the previous surgeon's numbers because they are starting with a different head orientation. I told that I would have to decline to treat and I refunded his consultation fee. He said that he was considering to see Dr. Gunson, and I endorsed this and said that I would be happy to share my records (including today's CBCT) with Dr. Gunson. is a Kaiser Permanente insured patient, and he asked also about Dr. Tehrany and LAMC (Sunset). I endorsed a consultation with Dr. Tehrany as well. Regarding the airway and breathing elements, mandibular deficiency is a known craniofacial risk factor, and "poor sleep" may be a symptom of a sleep-breathing disorder, but as there are several

other possibilities, a formal sleep medicine consultation, and possibly a monitored sleep study is in order. I imagine that this would be available through [REDACTED] Kaiser Permanente coverage.

Electronically signed by Robert J. Relle, DDS, FACS

[REDACTED]

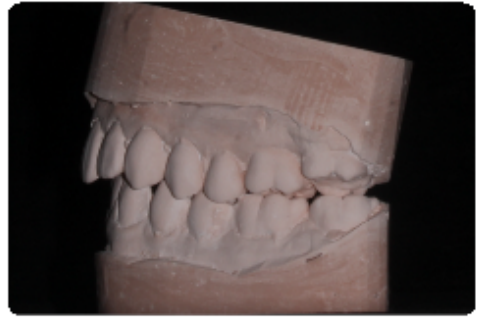
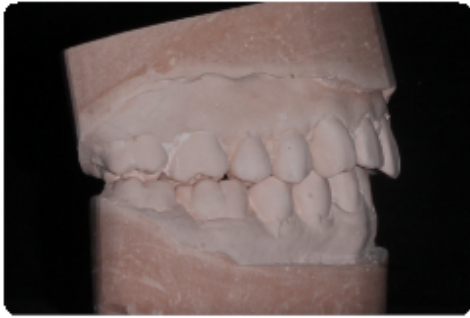




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2080 Century Park East
Suite 610
Los Angeles

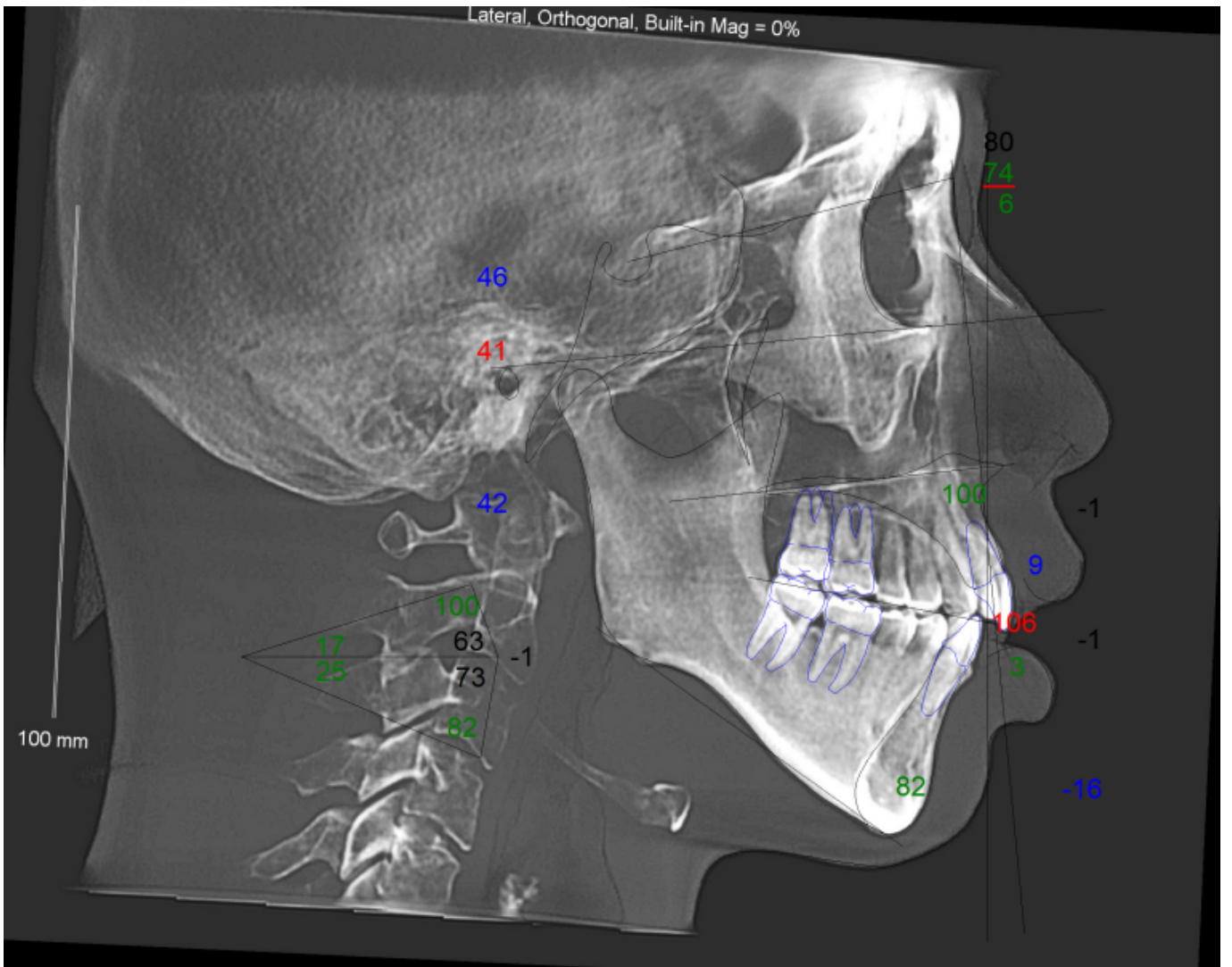
[REDACTED]
Initial-LACOMS11/18/2025



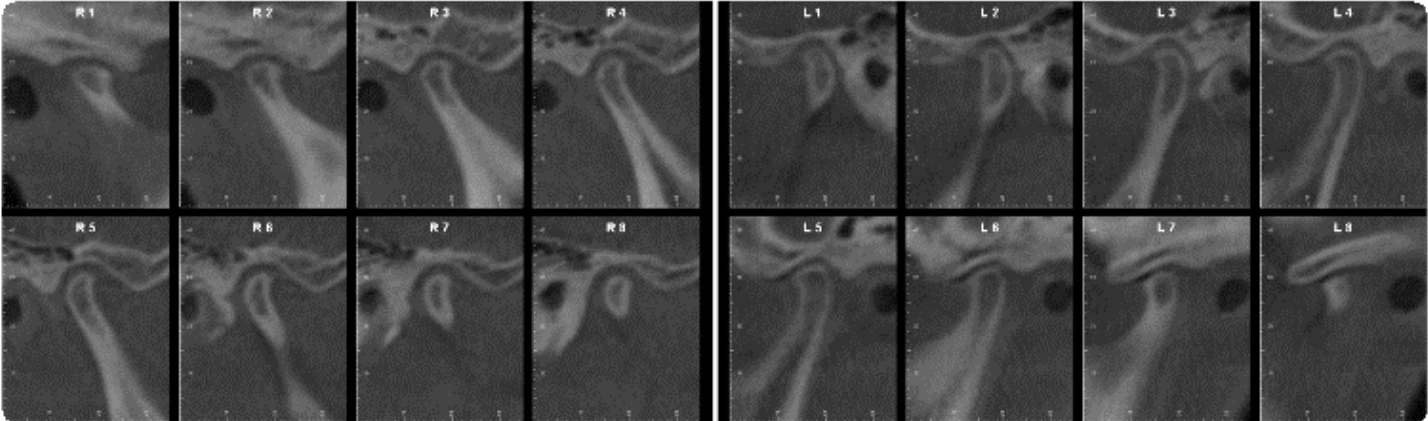
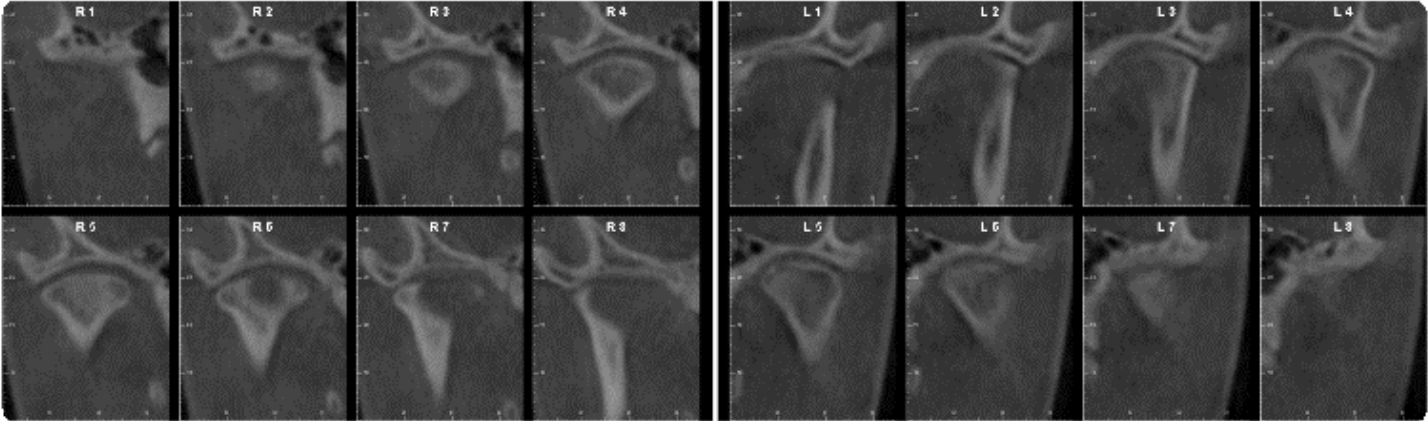
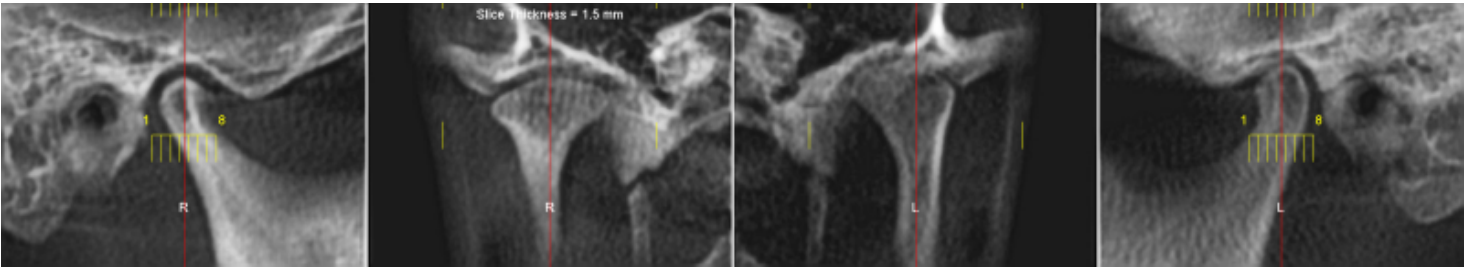
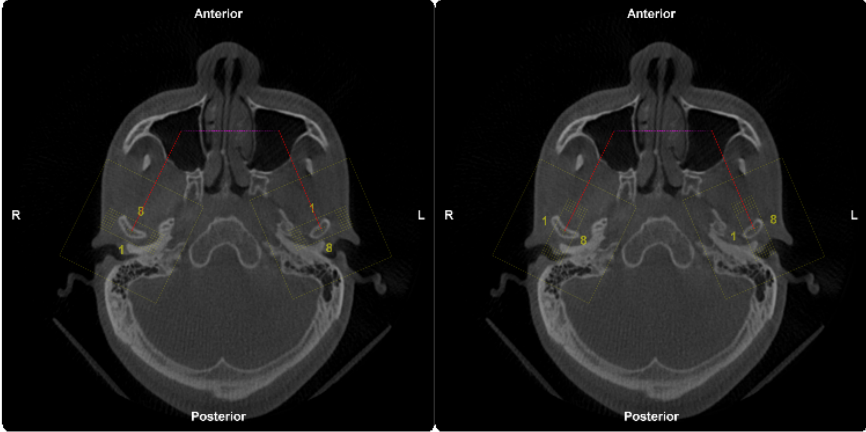


Occlusion
/2025

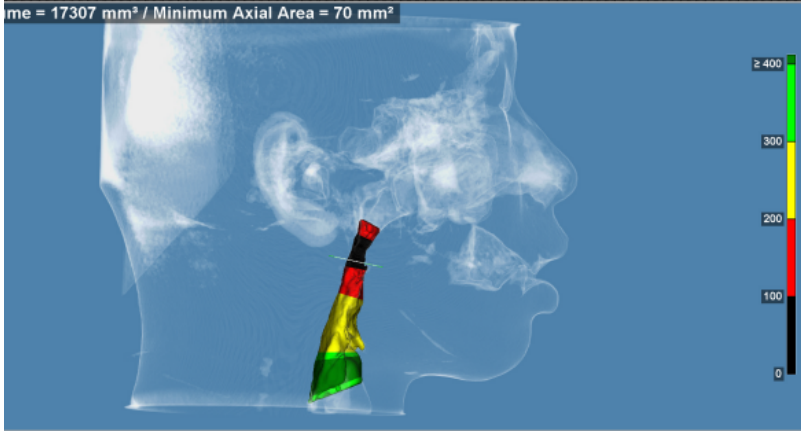




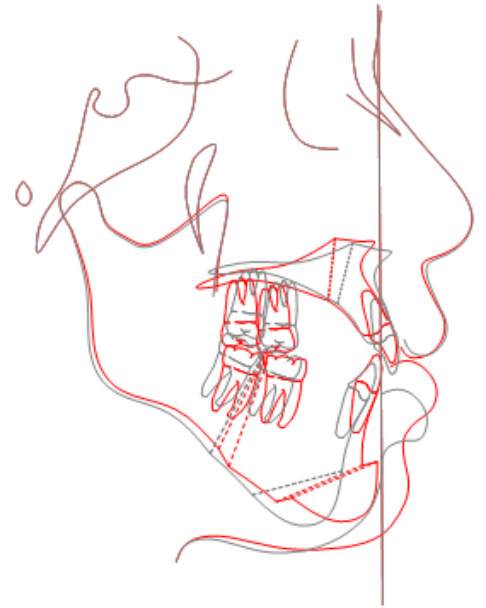
TMJ Views



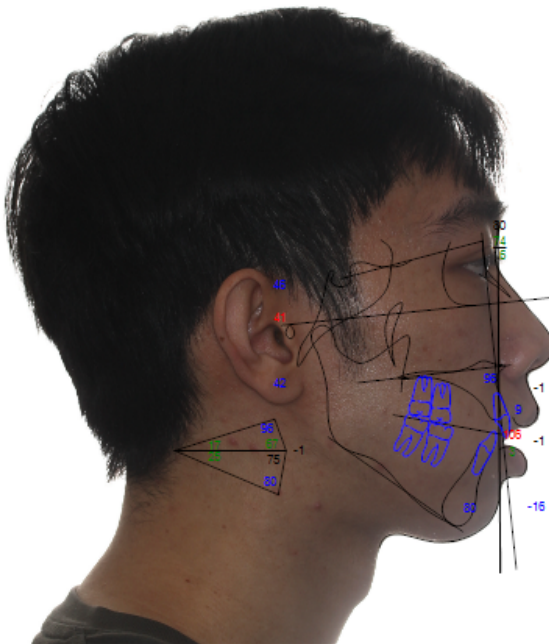
Airway



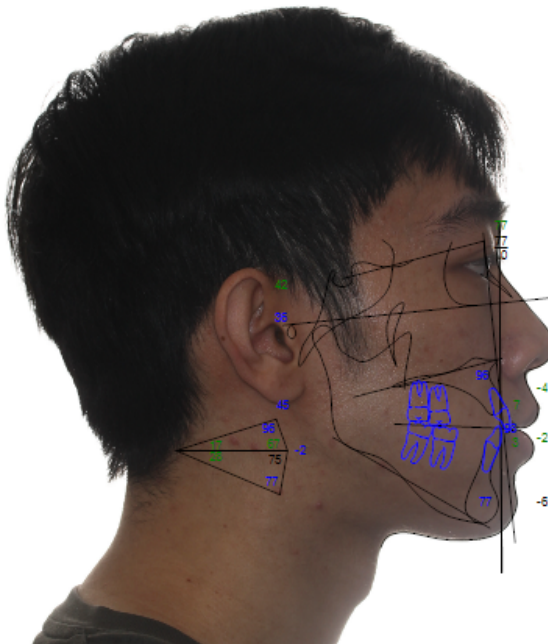
Treatment Simulation



Initial

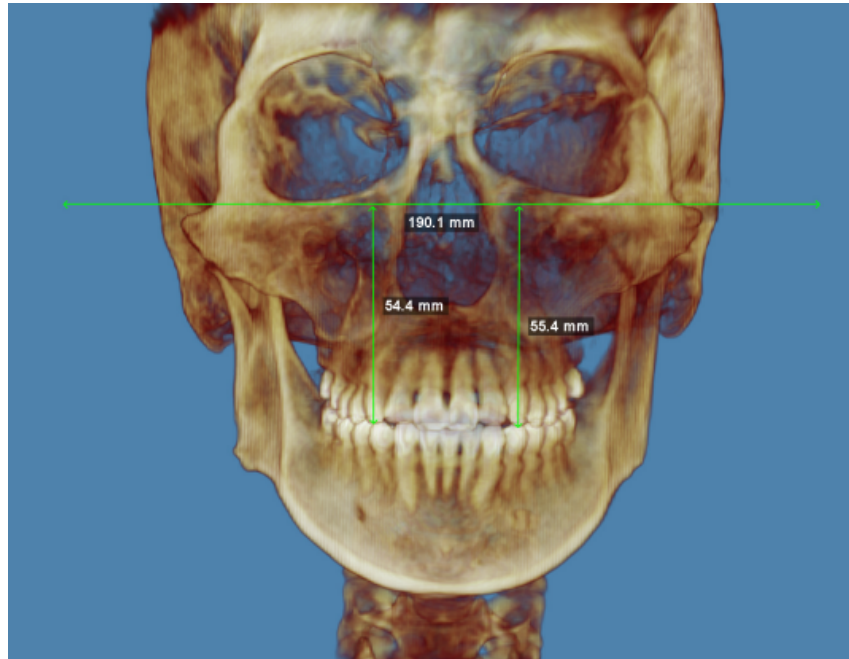
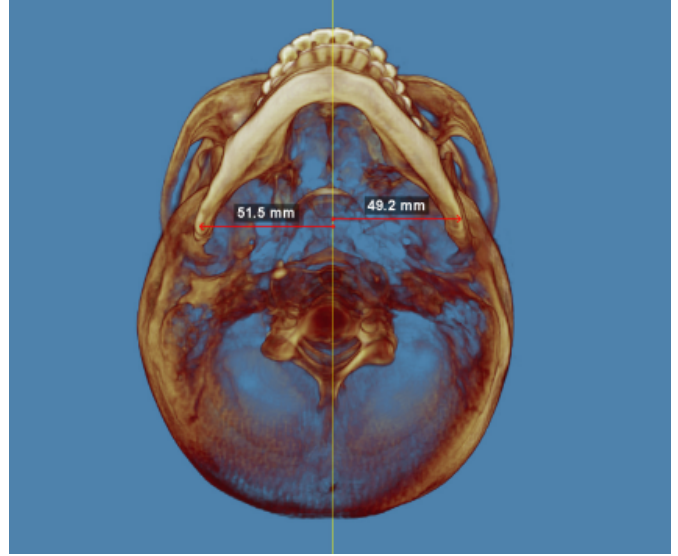
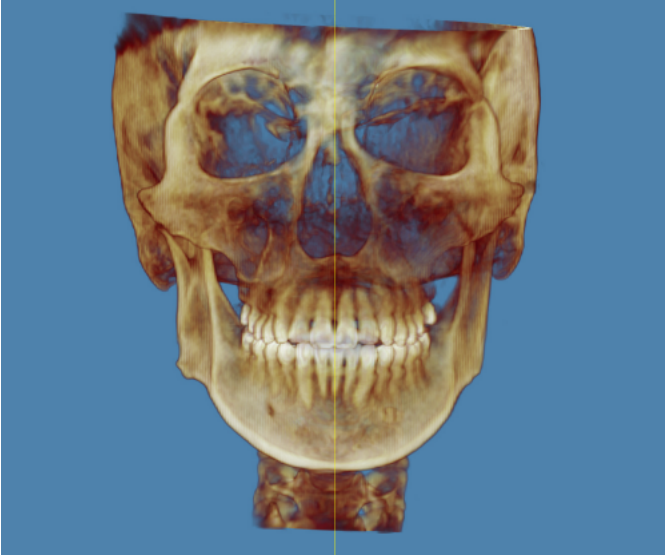


Tx Goal



LeFort I Osteotomy/ Bilateral Sagittal Osteotomies of the Mandibular Ramus/IBO

Symmetry Analysis



GALL Reference & OP Angle

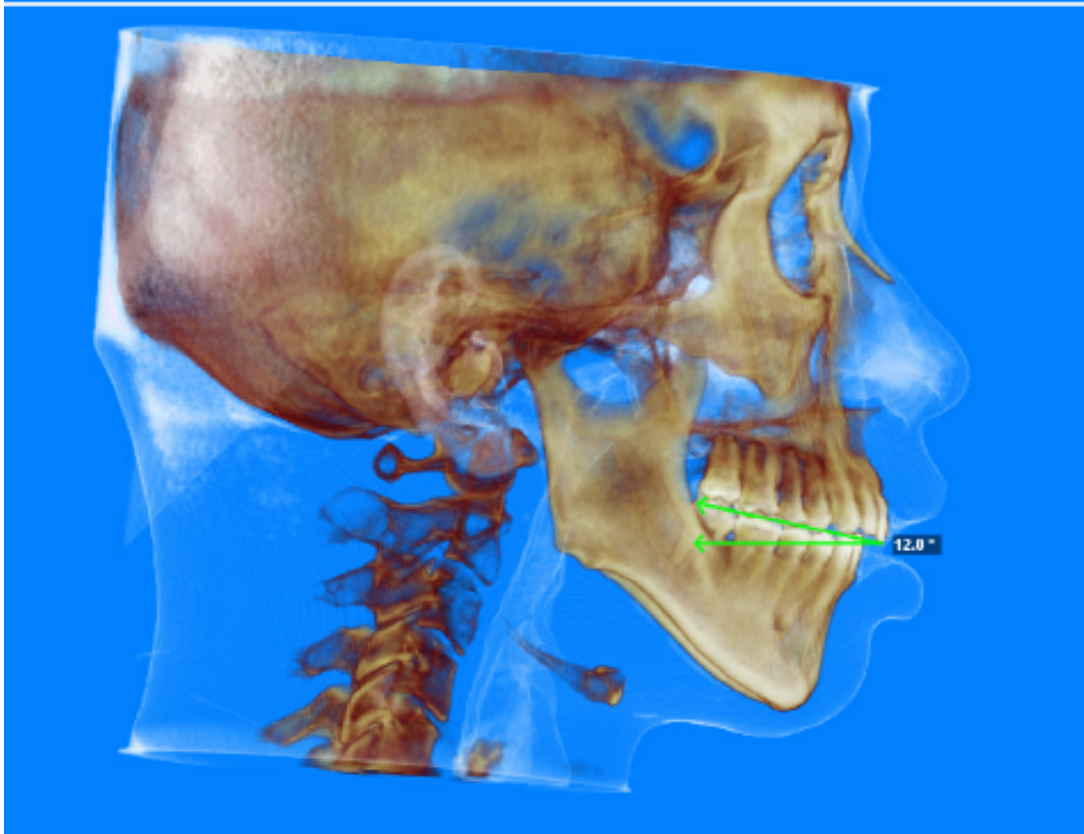
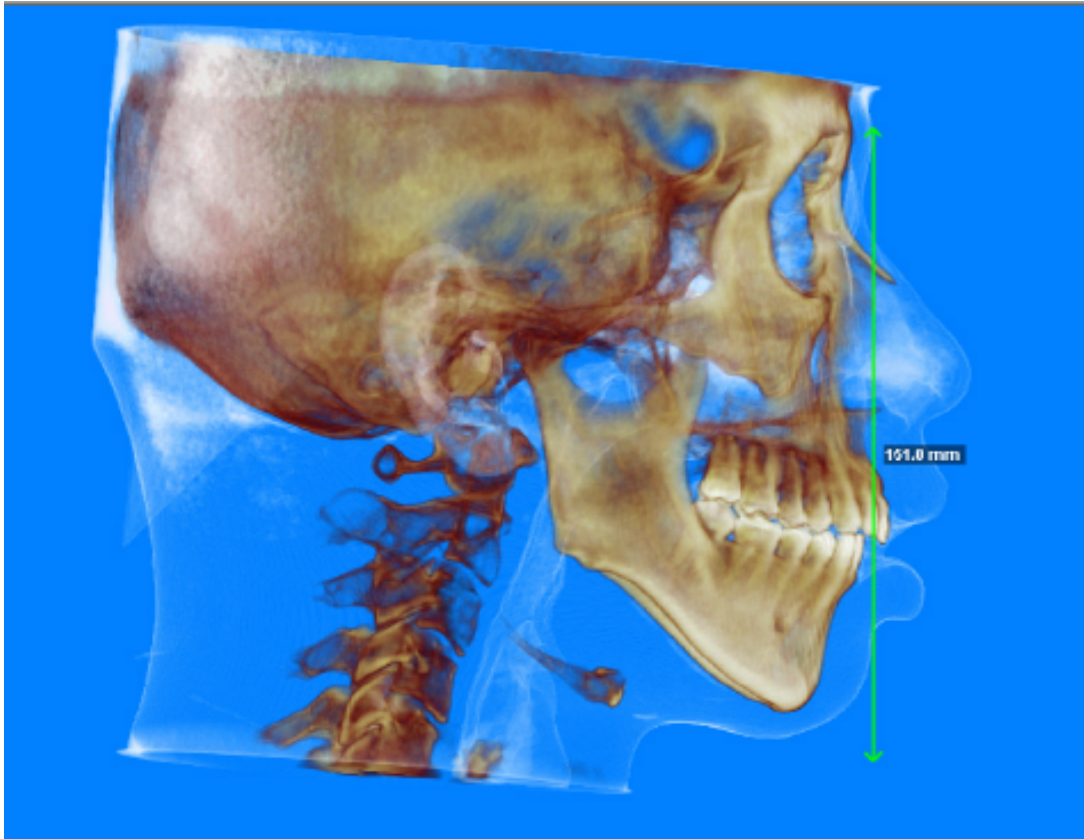




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Analysis: [Steiner+Wits] ▾

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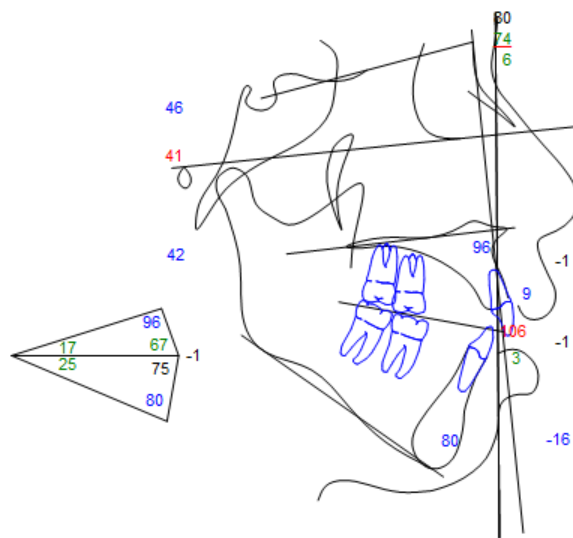
Dev Norm: Standard Polygon/Wiggle-gram

Hide Values

Use Same Color

Overlay Wiggle-gram

| Group/Measurement | Value | Norm | Std Dev | Dev Norm |
|--------------------------------|-------|-------|---------|----------|
| SNA (°) | 80.3 | 82.0 | 3.5 | -0.5 |
| SNB (°) | 74.1 | 80.9 | 3.4 | -2.0 ** |
| ANB (°) | 6.2 | 1.6 | 1.5 | 3.1 *** |
| Occ Plane to SN (°) | 25.2 | 14.4 | 2.5 | 4.3 **** |
| Pog - NB (mm) | -1.7 | 3.0 | 1.7 | -2.8 ** |
| MP - SN (°) | 50.0 | 33.0 | 6.0 | 2.8 ** |
| FMA (MP-FH) (°) | 40.9 | 22.9 | 4.5 | 4.0 **** |
| | | | | |
| Interincisal Angle (U1-L1) (°) | 135.8 | 130.0 | 6.0 | 1.0 * |
| U1 - SN (°) | 91.8 | 103.1 | 5.5 | -2.1 ** |
| U1 - NA (mm) | 2.5 | 4.3 | 2.7 | -0.6 |
| U1 - NA (°) | 11.5 | 22.8 | 5.7 | -2.0 ** |
| L1 - NB (mm) | 6.9 | 4.0 | 1.8 | 1.6 * |
| L1 - NB (°) | 26.5 | 25.3 | 6.0 | 0.2 |
| FMIA (L1-FH) (°) | 56.7 | 65.7 | 8.5 | -1.1 * |
| IMPA (L1-MP) (°) | 82.4 | 95.0 | 7.0 | -1.8 * |
| | | | | |
| Lower Lip to E-Plane (mm) | 5.5 | -2.0 | 2.0 | 3.7 *** |
| Upper Lip to E-Plane (mm) | 3.4 | -8.0 | 2.0 | 5.7 **** |
| Soft Tissue Convexity (°) | 128.2 | 130.0 | 4.0 | -0.4 |
| | | | | |
| Wits Appraisal (mm) | -0.6 | -1.0 | 1.0 | 0.4 |



Traced Lateral Ceph