

Edward H. Angle Society Midwest Component Affiliate Final Evaluation



Affiliate Name: _____
Patient Name: _____

Case # _____
Records # _____
Date: _____

Diagnosis: _____

Treatment Plan: _____ **Tooth Extractions** _____

Affiliate: _____ Examiner #1: _____ Examiner #2: _____

Models:

a. Overjet	_____	_____	_____
b. Overbite	_____	_____	_____
c. Rotations	_____	_____	_____
d. Spaces	_____	_____	_____
e. Symmetry	_____	_____	_____
f. Transverse	_____	_____	_____
g. Marginal Ridge Heights	_____	_____	_____
h. Intercuspatations	_____	_____	_____
i. Bracket Placement	_____	_____	_____

Photographic Facial Evaluation:

a. Profile	_____	_____	_____
b. Frontal	_____	_____	_____

Intraoral Radiographs:

a. Root Paralleling	_____	_____	_____
b. Resorption	_____	_____	_____
c. Periodontal	_____	_____	_____

Cephalometric Radiographs:

a. Skeletal Change	_____	_____	_____
b. Incisor Control	_____	_____	_____
c. Tracings	_____	_____	_____

Overall Treatment Objectives:

a. Anchorage Control	_____	_____	_____
b. Overjet Control	_____	_____	_____
c. Vertical Control	_____	_____	_____

Treatment Concerns:

_____	_____	_____	_____
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Summary and Conclusions:

_____	_____	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Admissions Committee Secretary to retain original	Affiliate: Please retain yellow copy for your records	Examiner #1: Please retain pink copy for your records	Examiner #2: Please retain goldenrod copy for your records
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