



Edward H. Angle Society Midwest Component Affiliate Initial Evaluation

Case # _____
Date: _____

Affiliate Name: _____	Case Selected: _____
Patient Name: _____	Alternate: _____

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

Models:

a. Pour up			
b. Trimming			
c. Overall Diagnostic Quality			

Extra Oral Photographs:

a. Frontal			
b. Profile			

Intraoral Photographs:

a. Frontal			
b. Right Lateral			
c. Left Lateral			
d. Maxillary Occlusal			
e. Mandibular Occlusal			

Intraoral Radiographs

a. Panorex			
b. Other			

Cephalometric Radiograph:

a. Lateral			
b. P.A.			

Diagnosis:

Treatment Plan:			
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Extractions:			
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Overall Treatment Objectives:

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

Treatment Concerns:

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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