



Edward H. Angle Society Midwest Component Candidate Evaluation

Candidate Name: _____
 Patient Name: _____

Date: _____

Diagnosis: _____

Treatment Plan: _____ **Tooth Extractions:** _____

Models: _____ **Examiner #1:** _____ **Examiner #2:** _____

a. Overall Diagnostic Quality		
b. Overjet		
c. Overbite		
d. Spaces		
e. Symmetry		
f. Transverse		
g. Marginal Ridge Heights		
h. Intercuspatation		

Photographic Facial Evaluation:

a. Profile		
b. Frontal		

Photographic Intraoral:

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

Intraoral Radiographs:

a. Root Paralleling		
b. Resorption		
c. Periodontal		

Cephalometric Radiograph:

a. Skeletal Change		
b. Incisor Control		
c. Tracings		

Overall Treatment Objectives:

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

Treatment Concerns: _____

Summary and Conclusions: _____