

EXAM YEAR

ABO Cast-Radiograph Evaluation  
CASE# PATIENT NAME

*INSTRUCTIONS: Second molars should be in occlusion. Mark extracted teeth with a check in the bolded box. Place score beside each deficient tooth.*

Total C-R Eval Score:

Alignment/Rotations



R MX L



L MD R

Marginal Ridges



R



L



L



R

MX

MD

Buccolingual Inclination



R



L



L

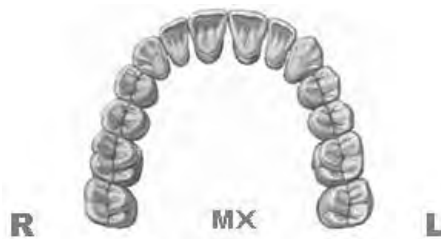


R

MX

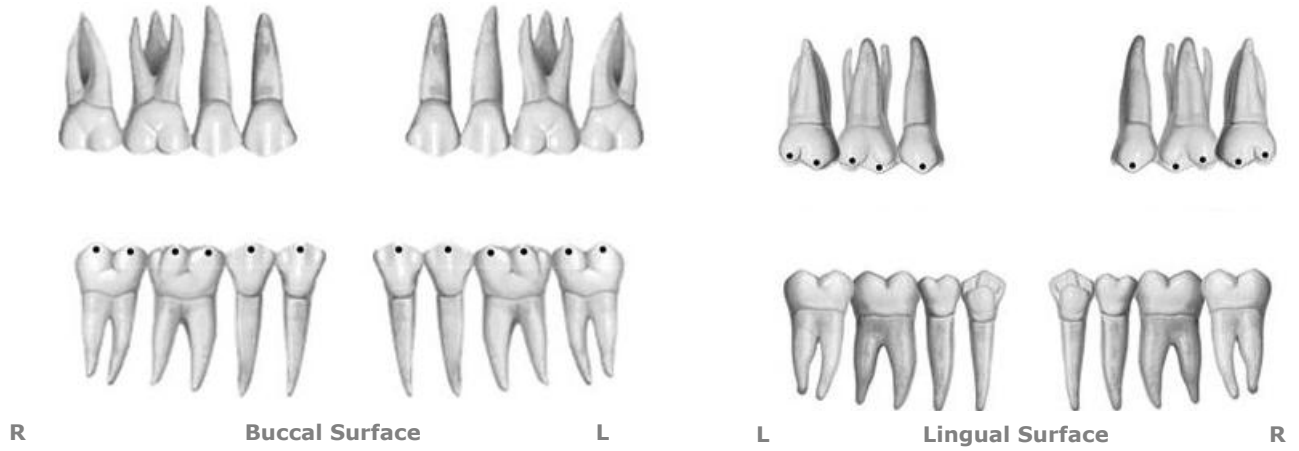
MD

Overjet

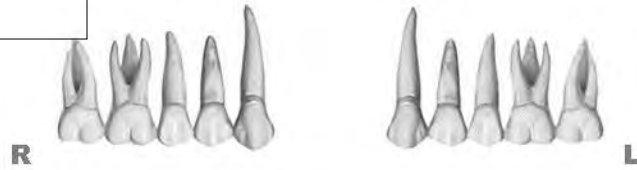


R MX L

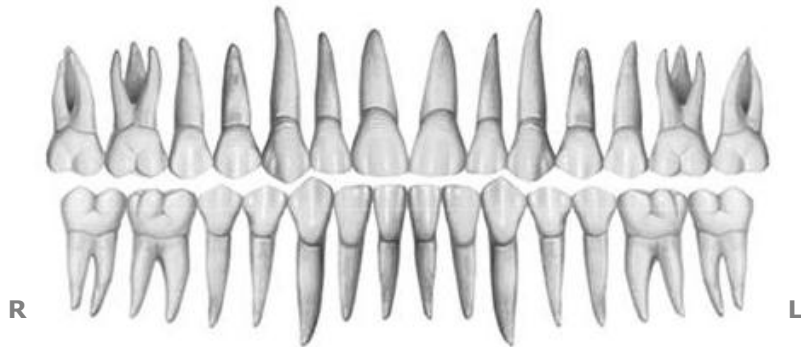
Occlusal Contacts



Occlusal Relationships



Interproximal Contacts



Root Angulation

