

# 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	Examiner #1	Examiner #2
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