



# Edward H. Angle Society Midwest Component Affiliate Initial Evaluation

<b>Case #</b> _____
<b>Date:</b> _____

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:			
-----------------	--	--	--

Extractions:			
--------------	--	--	--

**Overall Treatment Objectives:**

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

**Treatment Concerns:**

Admissions Committee Secretary to retain original	Affiliate:	Examiner #1:	Examiner #2:
--	------------	--------------	--------------