



Edward H. Angle Society
Midwest Component
Affiliate Progress Evaluation

Print Form

Affiliate Name: _____
Patient Name: _____

Case # _____
Progress _____
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:

Summary and Conclusions:

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