



# Edward H. Angle Society Midwest Component Candidate Evaluation

**Print Form**

Candidate Name: _____
Patient Name: _____

<b>Date:</b> _____
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**Diagnosis:** \_\_\_\_\_

**Treatment Plan:** \_\_\_\_\_ **Tooth Extractions:** \_\_\_\_\_

<b>Models:</b>	<b>Examiner #1:</b> _____	<b>Examiner #2:</b> _____
a. Overall Diagnostic Quality		
b. Overjet		
c. Overbite		
d. Spaces		
e. Symmetry		
f. Transverse		
g. Marginal Ridge Heights		
h. Intercuspatation		
<b>Photographic Facial Evaluation:</b>		
a. Profile		
b. Frontal		
<b>Photographic Intraoral:</b>		
a. Frontal		
b. Right Lateral		
c. Left Lateral		
d. Maxillary Occlusal		
e. Mandibular Occlusal		
<b>Intraoral Radiographs:</b>		
a. Root Paralleling		
b. Resorption		
c. Periodontal		
<b>Cephalometric Radiograph:</b>		
a. Skeletal Change		
b. Incisor Control		
c. Tracings		
<b>Overall Treatment Objectives:</b>		
a. Anchorage Control		
b. Overjet Control		
c. Vertical Control		
<b>Treatment Concerns:</b>		
<b>Summary and Conclusions:</b>		