



Edward H. Angle Society Midwest Component Candidate Evaluation

Candidate Name: _____
Patient Name: _____

Date: _____

Diagnosis: _____

Treatment Plan: _____ **Tooth Extractions:** _____

Models:	Examiner #1: _____	Examiner #2: _____
a. Overall Diagnostic Quality		
b. Overjet		
c. Overbite		
d. Spaces		
e. Symmetry		
f. Transverse		
g. Marginal Ridge Heights		
h. Intercuspatation		
Photographic Facial Evaluation:		
a. Profile		
b. Frontal		
Photographic Intraoral:		
a. Frontal		
b. Right Lateral		
c. Left Lateral		
d. Maxillary Occlusal		
e. Mandibular Occlusal		
Intraoral Radiographs:		
a. Root Paralleling		
b. Resorption		
c. Periodontal		
Cephalometric Radiograph:		
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:		