

CASE ID #

PATIENT NAME			DOB (mm-dd-yyyy)	
RECORDS SET	INITIAL	PROGRESS/INTERIM	FINAL	
RECORDS DATE (mm-dd-yyyy)				
PATIENT AGE				

	SINGLE PHASE	OR	PHASE ONE	PHASE TWO
INITIATED TX DATE (mm-dd-yyyy)		OR		
COMPLETED TX DATE (mm-dd-yyyy)				
CASE CRITERIA IDENTIFIER				
DI VALUE				

Domain 1: Data Gathering and Diagnosis

HISTORY AND ETIOLOGY:

DIAGNOSIS

Skeletal:

Dental:

Soft Tissue/Facial:

Domain 2: Treatment Objectives and Planning

SPECIFIC OBJECTIVES OF TREATMENT

Maxilla (all three planes):

Mandible (all three planes):

Maxillary Dentition

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Vertical:

Transverse:

Mandibular Dentition

A-P:

Vertical:

Transverse:

Facial Esthetics:

PRIMARY TREATMENT PLAN (with Alternatives if applicable):

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Domain 3: Treatment Implementation and Management

TREATMENT IMPLEMENTATION:

TREATMENT PROGRESS:

Domain 4: Critical Analysis and Outcomes Assessment

RESULTS ACHIEVED

Maxilla (all three planes):

Mandible (all three planes):

Maxillary Dentition

A-P:

Vertical:

Transverse:

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Mandibular Dentition

A-P:

Vertical:

Transverse:

Facial Esthetics:

RETENTION/STABILITY:

FINAL EVALUATION OF TREATMENT:

ABO DISCREPANCY INDEX

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TOTAL D.I. SCORE

*For mm measures, round up to the next full mm.
Examiners will verify measurements in each category.*

OVERJET

- ≥ 0 to < 1 mm (edge-to-edge) = 1 pt
- ≥ 1 to ≤ 3 mm = 0 pts
- > 3 to ≤ 5 mm = 2 pts
- > 5 to ≤ 7 mm = 3 pts
- > 7 to ≤ 9 mm = 4 pts
- > 9 mm = 5 pts

Negative Overjet (x-bite):
1 pt per mm per tooth = ___pts
Total

OVERBITE

- > 1 to ≤ 3 mm = 0 pts
- > 3 to ≤ 5 mm = 2 pts
- > 5 to ≤ 7 mm = 3 pts
- Impinging (100%) = 5 pts

Total

ANTERIOR OPEN BITE

0 mm (edge-to-edge), 1 pt per tooth = ___pts
then 1 pt per mm per tooth = ___pts

Total

LATERAL OPEN BITE

≥ 0.5 mm, 2 pts per mm per tooth

Total

CROWDING (only one arch)

- ≥ 0 to ≤ 1 mm = 0 pts
- > 1 to ≤ 3 mm = 1 pts
- > 3 to ≤ 5 mm = 2 pts
- > 5 to ≤ 7 mm = 4 pts
- > 7 mm = 7 pts

Total

OCCCLUSAL RELATIONSHIP

- Class I to End On = 0 pts
- End-to-End Class II or III = 2 pts per side ___pts
- Full Class II or III = 4 pts per side ___pts
- Beyond Class II or III = 1 pt per mm additional ___pts

Total

LINGUAL POSTERIOR X-BITE

> 0 mm, 1 pt per tooth Total

BUCCAL POSTERIOR X-BITE

> 0 mm, 2 pts per tooth Total

CEPHALOMETRICS (See Instructions)

ANB ≥ 6° or ≤ -2° @4pts = ___
Each full degree > 6° ___x 1 pt = ___
Each full degree < -2° ___x 1 pt = ___

SN-MP

≥ 38° @2pts = ___

Each full degree > 38° ___x 2 pts = ___

≤ 26° @1pt = ___

Each full degree < 26° ___x 1 pt = ___

Ī to MP ≥ 99° @1pt = ___

Each full degree > 99° ___x 1 pt = ___

Total

OTHER (See Instructions)

Supernumerary teeth ___x 1 pt = ___

Ankylosis of perm. teeth ___x 2 pts = ___

Anomalous morphology ___x 2 pts = ___

Impaction (except 3rd molars) ___x 2 pts = ___

Midline discrepancy (≥3 mm) @ 2 pts = ___

Missing teeth (except 3rd molars) ___x 1 pt = ___

Missing teeth, congenital ___x 2 pts = ___

Spacing (4 or more, per arch) ___x 2 pts = ___

Spacing(mx cent diastema ≥ 2 mm) @ 2 pts = ___

Tooth transposition ___x 2 pts = ___

Skeletal asymmetry(nonsurgical tx) @ 3 pts = ___

Addl. treatment complexities ___x 2 pts = ___

Identify:

Total Other

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INSTRUCTIONS: Second molars should be in occlusion. Mark extracted teeth with a check in the bolded box. Place score beside each deficient tooth.

Total C-R Eval Score:

Alignment/Rotations



R

MX

L



L

MD

R

Marginal Ridges



R

MX



L



L

MD



R

Buccolingual Inclination



R

MX



L



L

MD



R

Overjet



R

MX

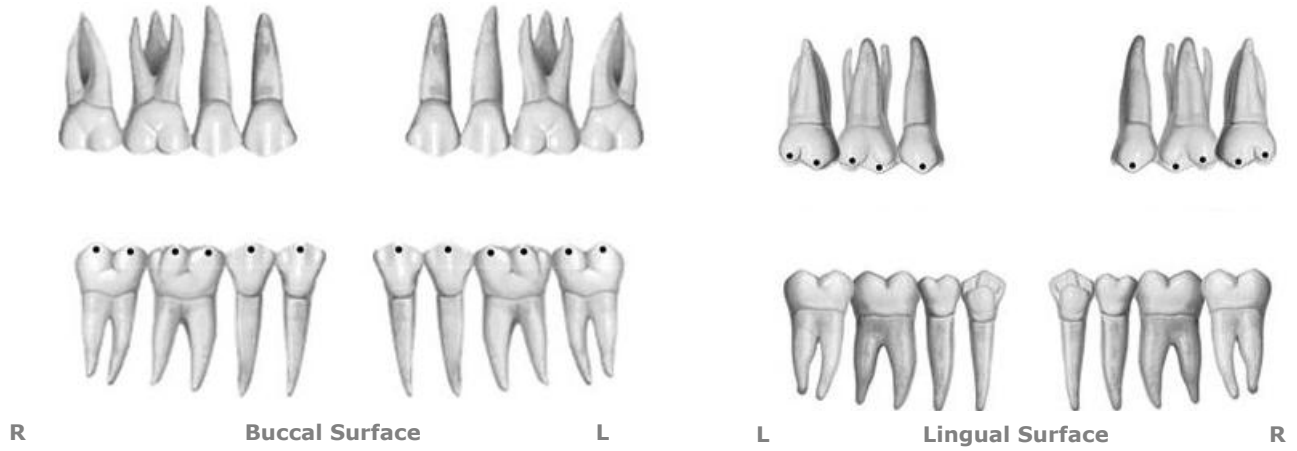
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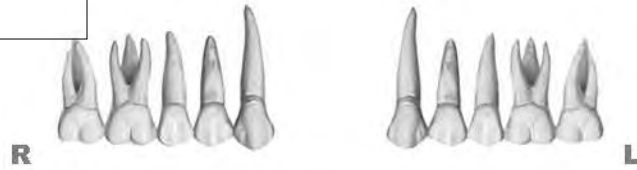
ABO CAST-RADIOGRAPH EVALUATION



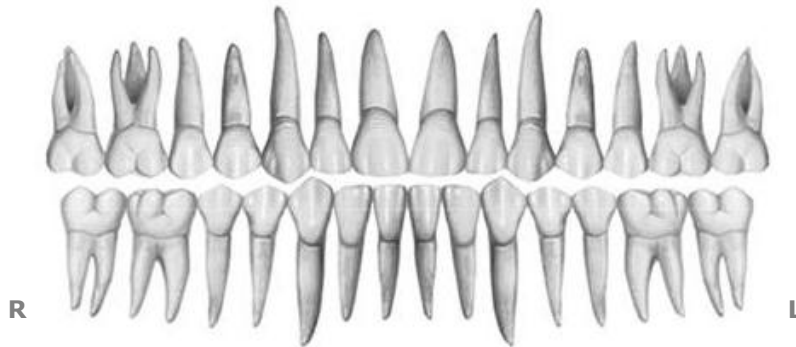
Occlusal Contacts



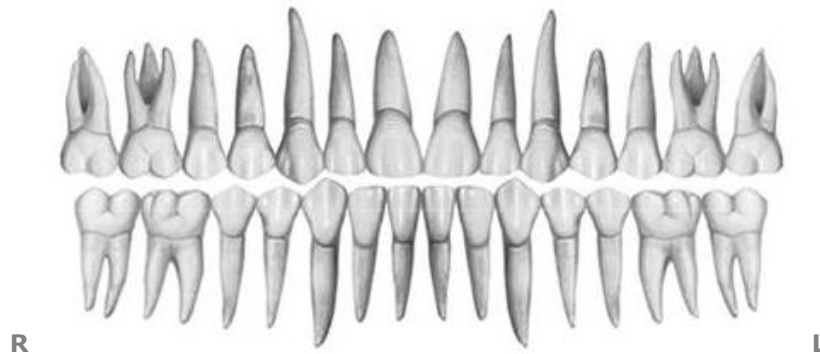
Occlusal Relationships



Interproximal Contacts



Root Angulation



PATIENT NAME

MEASUREMENTS

SKELETAL ANALYSIS (S)

CEPHALOMETRIC

	PRE TX A	PROG A1	POST TX B	DIFF. A-B
SNA°				
SNB°				
ANB°				
SN-MP°**				
FMA°				

EXAMINEE TX OBJECTIVES	
A-P MX	
A-P MN	
VERT MX	
VERT MN	

DENTAL ANALYSIS (D)

ARCH

1 TO NA mm				
1 TO SN°				
- 1 TO NB mm				
- 1 TO MP°				

A-P MX	
A-P MN	
VERT	

6 TO 6 WIDTH				
- 6 TO 6 WIDTH				
- 3 TO 3 WIDTH				
CURVE OF SPEE				
MANDIBULAR ARCH FORM				

TRANS MX	
TRANS MN	
TRANS ANT	
CURVE OF SPEE	
ARCH FORM MN	

FACIAL ANALYSIS (F)

E-LINE	Upper				
	Lower				

FACIAL ESTHETICS	
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