

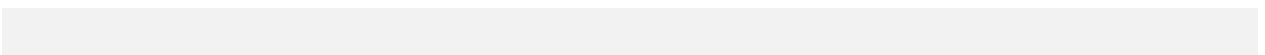


EUROPEAN BOARD OF ORTHODONTISTS

CANDIDATE NUMBER:

CASE NUMBER:

Year:



RÉSUMÉ OF CASE 1

CASE CATEGORY: EARLY TREATMENT MALOCCLUSION

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) upper:
b) lower:

RETENTION ENDED : a) upper: **DATE:**
b) lower: **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 2

CASE CATEGORY: ADULT MALOCCLUSION

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) upper:
b) lower:

RETENTION ENDED : a) upper: **DATE:**
b) lower: **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 3

CASE CATEGORY: CLASS I MALOCCLUSION

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 4

CASE CATEGORY: CLASS II DIVISION 2 MALOCCLUSION

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 5

CASE CATEGORY:
CLASS II DIVISION 1 MALOCCLUSION
HIGH FRANKFORT MANDIBULAR PLANE ANGLE, MINIMUM FM ANGLE OF 30° AND/OR
SN TO Go-Gn ANGLE OF 37°

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) upper:
b) lower:

RETENTION ENDED : a) upper: **DATE:**
b) lower: **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 6

CASE CATEGORY:

CLASS II DIVISION 1 MALOCCLUSION

A MALOCCLUSION WITH SIGNIFICANT MANDIBULAR ARCH LENGTH DEFICIENCY

In at least one of the two Class II 1 cases the treatment **must** involve extractions in both dental arches

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 7

CASE CATEGORY: A SEVERE SKELETAL DISCREPANCY

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 8

CASE CATEGORY: A SIGNIFICANT TRANSVERSE DISCREPANCY

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

RÉSUMÉ OF CASE 9

CASE CATEGORY: REPLACEMENT CASE

NAME :

BORN :

SEX :

PRETREATMENT RECORDS : **AGE:** **DATE:**

CLASSIFICATION :

TEETH MISSING BEFORE TREATMENT :

TREATMENT PLAN :

APPLIANCE :

TREATMENT STARTED : **AGE:** **DATE:**

TREATMENT ENDED : **AGE:** **DATE:**

ACTIVE TREATMENT TIME :

POST-TREATMENT RECORDS : **AGE:** **DATE:**

RETAINERS : a) **upper:**
b) **lower:**

RETENTION ENDED : a) **upper:** **DATE:**
b) **lower:** **DATE:**

RETENTION TIME :

(POST-)RETENTION RECORDS : **AGE:** **DATE:**

TIME OUT OF RETENTION :

DIAGNOSTIC DESCRIPTION OF THE MALOCCLUSION

A. SUMMARY

B. EXAMINATION OF HEAD AND FACE

C. FUNCTIONAL EXAMINATION

D. INTRAORAL EXAMINATION

E. DENTAL CASTS

Mandibular arch:

Maxillary arch:

Occlusion Sagittal:

Occlusion Vertical:

Occlusion Transversal:

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

FACIAL PHOTOGRAPHS BEFORE TREATMENT

**CANDIDATE NUMBER:
CASE NUMBER:**

DATE:

AGE:

**INTRA-ORAL COLOUR PHOTOGRAPHS OF THE
OCCLUSION BEFORE TREATMENT**

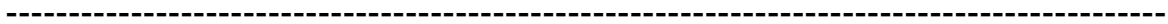
CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.



LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR BLACK.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

COMPUTER MADE TRACINGS ARE ACCEPTABLE WITH TOTAL ANATOMICAL LINES CONSTRUCTED AND EQUAL SIZE OF THE CEPHALOMETRIC RADIOGRAPH. COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT I

	Pretreatment	Mean SD
<i>Sagittal Skeletal Relations</i>		
Maxillary Position S-N-A		82° ± 3.5°
Mandibular Position S-N-Pg		80° ± 3.5°
Sagittal Jaw Relation A-N-Pg		2° ± 2.5°
<i>Vertical Skeletal Relations</i>		
Maxillary Inclination S-N / ANS-PNS		8° ± 3.0°
Mandibular Inclination S-N / Go-Gn		33° ± 2.5°
Vertical Jaw Relation ANS-PNS / Go-Gn		25° ± 6.0°
<i>Dento-Basal Relations</i>		
Maxillary Incisor Inclination $\underline{1}$ - ANS-PNS		110° ± 6.0°
Mandibular Incisor Inclination $\overline{1}$ - Go-Gn		94° ± 7.0°
Mandibular Incisor Compensation $\overline{1}$ - A-Pg (mm)		2 ± 2.0
<i>Dental Relations</i>		
Overjet (mm)		3.5 ± 2.5
Overbite (mm)		2 ± 2.5
Interincisal Angle $\underline{1} / \overline{1}$		132° ± 6.0°

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED. MAKE SURE THE RADIOGRAPH CAN NOT FALL OUT OF THE COVER

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

PERIAPICAL OR PANORAMIC RADIOGRAPHS BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED. MAKE SURE THAT THE RADIOGRAPH CANNOT FALL OUT OF THE COVER

IF YOU DO NOT HAVE ANY OTHER RADIOGRAPHS STILL LEAVE THE PAGE IN THE BOOK AND PRINT ON THIS PAGE:

NO OTHER RADIOGRAPHS

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

ANY OTHER RADIOGRAPHS BEFORE TREATMENT

CANDIDATE NUMBER:

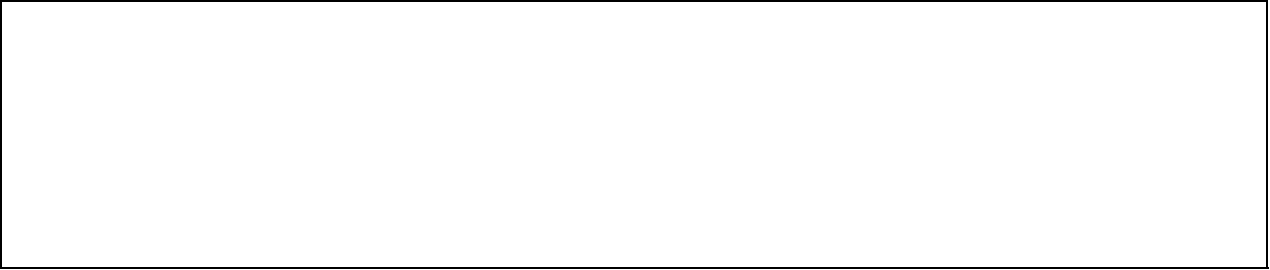
CASE NUMBER:

DATE:

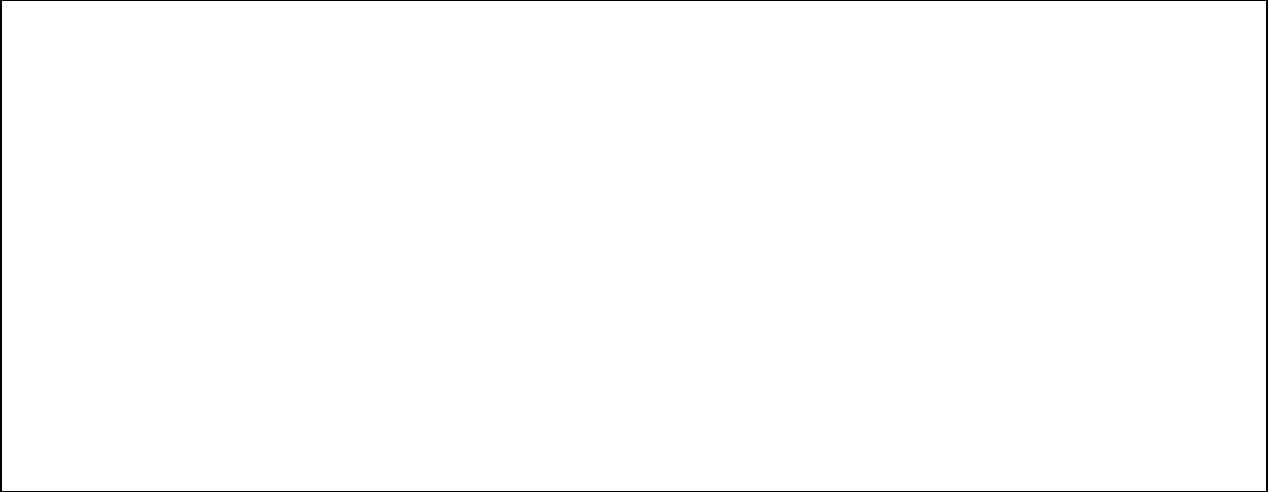
AGE:

RADIOGRAPHIC ANALYSIS BEFORE TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH



B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT

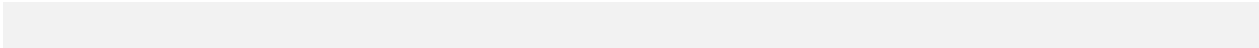


CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



TREATMENT PLAN AND THE REASON FOR IT

Empty box for writing the treatment plan and the reason for it.

CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

Grey bar for entering candidate number, case number, date, and age.

**RÉSUMÉ OF THE TREATMENT CARRIED OUT
INCLUDING ANY DIFFICULTIES ENCOUNTERED**

CANDIDATE NUMBER:
CASE NUMBER:

DATE:
UP TO:

AGE:

**FACIAL PHOTOGRAPHS AT COMPLETION OF
TREATMENT**

**CANDIDATE NUMBER:
CASE NUMBER:**

DATE:

AGE:

INTRA-ORAL COLOUR PHOTOGRAPHS OF THE OCCLUSION AT COMPLETION OF TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.

LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR RED:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

COMPUTER MADE TRACINGS ARE ACCEPTABLE WITH TOTAL ANATOMICAL LINES CONSTRUCTED AND EQUAL SIZE OF THE CEPHALOMETRIC RADIOGRAPH. COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT II

	Pretreatment	Posttreatment	Mean	SD
<i>Sagittal Skeletal Relations</i>				
Maxillary Position S-N-A			82°	± 3.5°
Mandibular Position S-N-Pg			80°	± 3.5°
Sagittal Jaw Relation A-N-Pg			2°	± 2.5°
<i>Vertical Skeletal Relations</i>				
Maxillary Inclination S-N / ANS-PNS			8°	± 3.0°
Mandibular Inclination S-N / Go-Gn			33°	± 2.5°
Vertical Jaw Relation ANS-PNS / Go-Gn			25°	± 6.0°
<i>Dento-Basal Relations</i>				
Maxillary Incisor Inclination $\underline{1}$ - ANS-PNS			110°	± 6.0°
Mandibular Incisor Inclination $\overline{1}$ - Go-Gn			94°	± 7.0°
Mandibular Incisor Compensation $\overline{1}$ - A-Pg (mm)			2	± 2.0
<i>Dental Relations</i>				
Overjet (mm)			3.5	± 2.5
Overbite (mm)			2	± 2.5
Interincisal Angle $\underline{1} / \overline{1}$			132°	± 6.0°

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

DATE:

AGE:

AGE:

INTERVAL:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH(S) IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH(S) CAN BE EASILY INSPECTED. MAKE SURE THAT THE RADIOGRAPH(S) CANNOT FALL OUT OF THE COVER

RIGHT AND LEFT SIDES SHOULD BE CLEARLY MARKED ON BOTH SIDES OF THE MOUNT

PERIAPICAL OR PANORAMIC RADIOGRAPHS AT COMPLETION OF TREATMENT

CANDIDATE NUMBER:

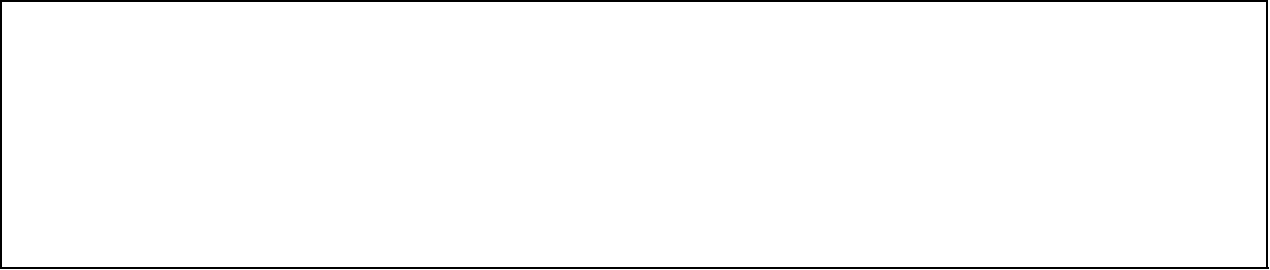
CASE NUMBER:

DATE:

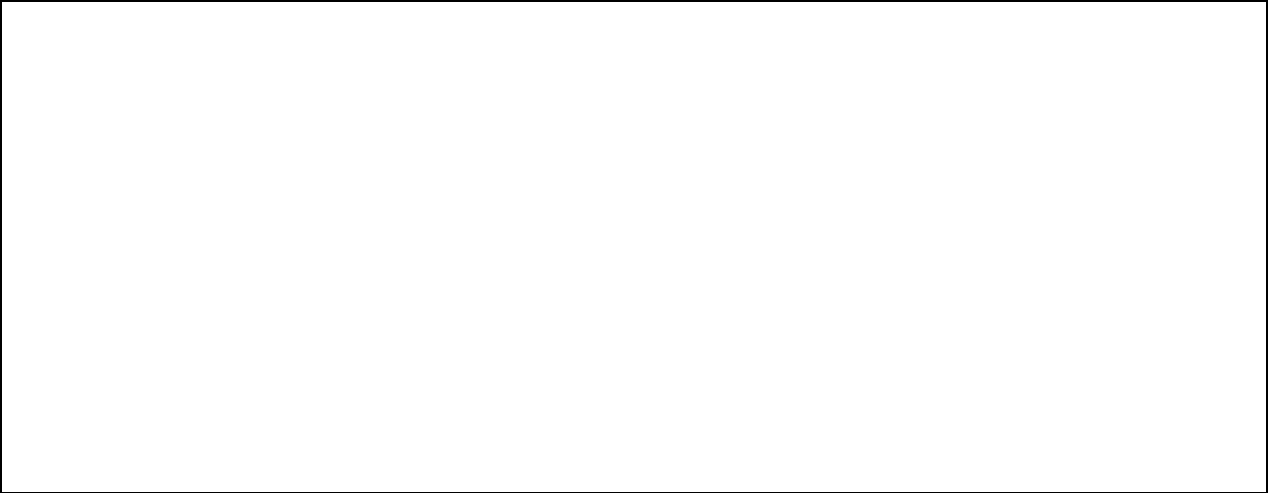
AGE:

RADIOGRAPHIC ANALYSIS AT COMPLETION OF TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH



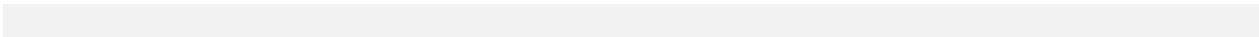
B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT



CANDIDATE NUMBER:
CASE NUMBER:

DATE:

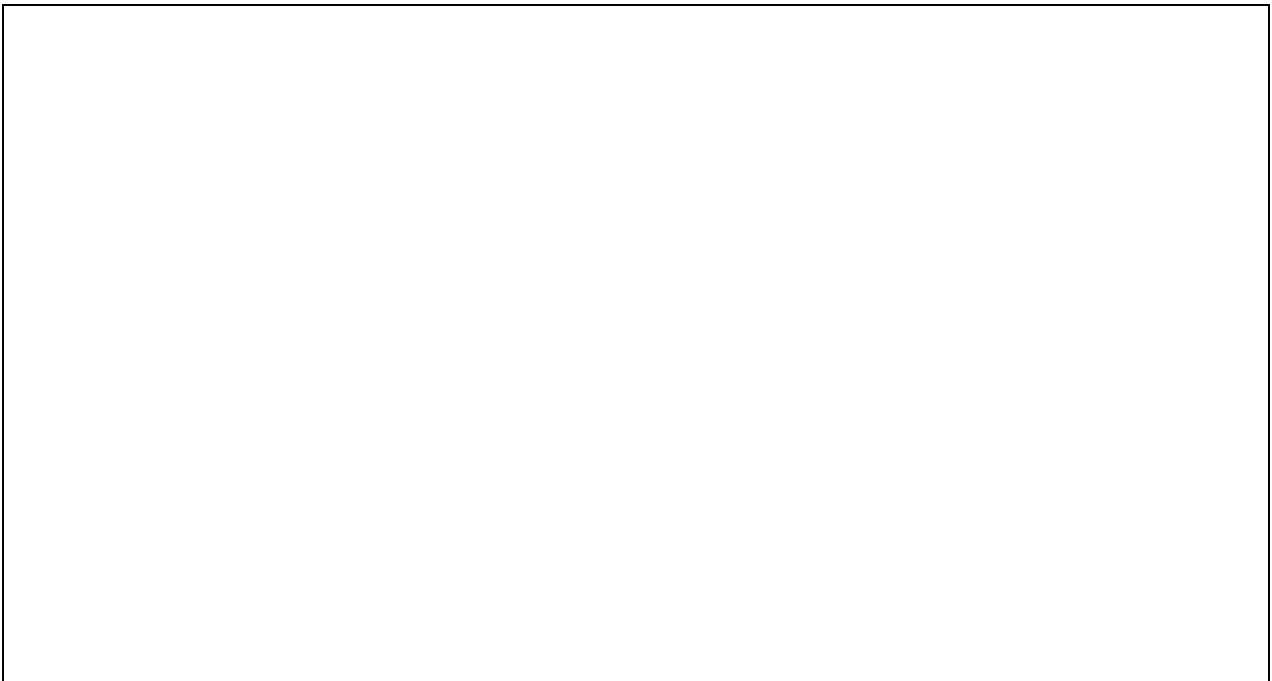
AGE:



DESCRIPTION OF THE TREATMENT RESULT



DESCRIPTION OF THE POST-TREATMENT EVALUATION OF RETENTION



CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

FACIAL PHOTOGRAPHS AT RETENTION / POST-RETENTION

**CANDIDATE NUMBER:
CASE NUMBER:**

DATE:

AGE:

INTRA-ORAL COLOUR PHOTOGRAPHS AT RETENTION / POST-RETENTION

CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE RADIOGRAPH IN THE TRANSPARENT COVER. IN THIS WAY THE RADIOGRAPH CAN BE EASILY INSPECTED.

THE LATERAL SKULL RADIOGRAPH SHOULD FACE TO THE RIGHT.

LATERAL SKULL RADIOGRAPH AT RETENTION / POST-RETENTION

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

THIS TRACING SHOULD BE IN THE COLOR GREEN.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

TRACING SHOULD FACE TO THE RIGHT.

COMPUTER MADE TRACINGS ARE ACCEPTABLE WITH TOTAL ANATOMICAL LINES CONSTRUCTED AND EQUAL SIZE OF THE CEPHALOMETRIC RADIOGRAPH. COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH AT RETENTION / POST-RETENTION

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT III

	Pretreatment	Posttreatment	Retention / Postretention	Mean SD
<i>Sagittal Skeletal Relations</i>				
Maxillary Position S-N-A				82° ± 3.5°
Mandibular Position S-N-Pg				80° ± 3.5°
Sagittal Jaw Relation A-N-Pg				2° ± 2.5°
<i>Vertical Skeletal Relations</i>				
Maxillary Inclination S-N / ANS-PNS				8° ± 3.0°
Mandibular Inclination S-N / Go-Gn				33° ± 2.5°
Vertical Jaw Relation ANS-PNS / Go-Gn				25° ± 6.0°
<i>Dento-Basal Relations</i>				
Maxillary Incisor Inclination \perp - ANS-PNS				110° ± 6.0°
Mandibular Incisor Inclination \bar{I} - Go-Gn				94° ± 7.0°
Mandibular Incisor Compensation \bar{I} - A-Pg (mm)				2 ± 2.0
<i>Dental Relations</i>				
Overjet (mm)				3.5 ± 2.5
Overbite (mm)				2 ± 2.5
Interincisal Angle \perp / \bar{I}				132° ± 6.0°

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

DATE:

DATE:

AGE:

AGE:

AGE:

INTERVAL:

INTERVAL:

**DESCRIPTION OF RETENTION / POST-RETENTION
FINDINGS**

CANDIDATE NUMBER:
CASE NUMBER:

DATE:

AGE:

Index of pages

Number	Title of page
EBO-01	COVER
EBO-02.1	RÉSUMÉ OF CASE 1
EBO-02.2	RÉSUMÉ OF CASE 2
EBO-02.3	RÉSUMÉ OF CASE 3
EBO-02.4	RÉSUMÉ OF CASE 4
EBO-02.5	RÉSUMÉ OF CASE 5
EBO-02.6	RÉSUMÉ OF CASE 6
EBO-02.7	RÉSUMÉ OF CASE 7
EBO-02.8	RÉSUMÉ OF CASE 8
EBO-02.9	RÉSUMÉ OF CASE 9
EBO-03	DIAGNOSTIC DESCRIPTION OF THE MALOCCLUSION
EBO-04	FACIAL PHOTOGRAPHS BEFORE TREATMENT
EBO-05	INTRA-ORAL COLOUR PHOTOGRAPHS OF THE OCCLUSION BEFORE TREATMENT
EBO-06	LATERAL SKULL RADIOGRAPH BEFORE TREATMENT
EBO-07	TRACING OF LATERAL SKULL RADIOGRAPH BEFORE TREATMENT
EBO-08	CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT I
EBO-09	PERIAPICAL OR PANORAMIC RADIOGRAPHS BEFORE TREATMENT
EBO-10	ANY OTHER RADIOGRAPHS BEFORE TREATMENT
EBO-11	RADIOGRAPHIC ANALYSIS BEFORE TREATMENT
EBO-12	TREATMENT PLAN AND THE REASON FOR IT
EBO-13	RÉSUMÉ OF THE TREATMENT CARRIED OUT INCLUDING ANY DIFFICULTIES ENCOUNTERED
EBO-14	FACIAL PHOTOGRAPHS AT COMPLETION OF TREATMENT
EBO-15	INTRA-ORAL COLOUR PHOTOGRAPHS OF THE OCCLUSION AT COMPLETION OF TREATMENT
EBO-16	LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT
EBO-17	TRACING OF LATERAL SKULL RADIOGRAPH AT COMPLETION OF TREATMENT
EBO-18	CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT II
EBO-19	PERIAPICAL OR PANORAMIC RADIOGRAPHS AT COMPLETION OF TREATMENT
EBO-20	RADIOGRAPHIC ANALYSIS AT COMPLETION OF TREATMENT
EBO-21	DESCRIPTION OF THE TREATMENT RESULT
EBO-22	FACIAL PHOTOGRAPHS AT RETENTION / POST-RETENTION
EBO-23	INTRA-ORAL COLOUR PHOTOGRAPHS AT RETENTION / POST-RETENTION
EBO-24	LATERAL SKULL RADIOGRAPH AT RETENTION / POST-RETENTION
EBO-25	TRACING OF LATERAL SKULL RADIOGRAPH AT RETENTION / POST-RETENTION
EBO-26	CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT III
EBO-27	DESCRIPTION OF RETENTION / POST-RETENTION FINDINGS

red: mandatory pages; if available, superimpositions may be placed in the back of the folder

SYNOPSIS OF CASE REPORTS

CANDIDATE NUMBER:

CATEGORY and Name	Treatment summary	Age & Date A-records	Age & Date B-records	Age & Date C-records
1. EARLY TREATMENT MALOCCLUSION Name:				
2. ADULT MALOCCLUSION Name:				
3. CLASS I MALOCCLUSION Name:				
4. CLASS II DIVISION 2 MALOCCLUSION Name:				
5. CLASS II DIVISION 1 MALOCCLUSION* Name:				
6. CLASS II DIVISION 1 MALOCCLUSION** Name:				
7. A SEVERE SKELETAL DISCREPANCY Name:				
8. A SIGNIFICANT TRANS- VERSE DISCRPANCY Name:				
9. REPLACEMENT CASE Name:				

* A malocclusion with high Frankfort mandibular plane angle, minimum FM angle of 30° and/or SN to Go-Gn angle of 37°.

** A malocclusion with significant mandibular arch length deficiency.

In at least one of the two Class II 1 cases the treatment must involve extractions in both dental arches.