

EXAM YEAR
ABO ID #

ABO WRITTEN CASE REPORT

PATIENT'S NAME:			DOB (mm-dd-yyyy)	
RECORDS SET	A	A1	B	
RECORDS DATE (mm-dd-yyyy)				
MODEL LAB/SUPPLIER				
MODEL MATERIAL(S) USED				
MODEL RESOLUTION				
	SINGLE PHASE	OR	PHASE ONE	PHASE TWO
INITIATED TX DATE (mm-dd-yyyy)				
COMPLETED TX DATE (mm-dd-yyyy)				
CASE CRITERIA IDENTIFIER				
	DI VALUE	OR	CATEGORY NUMBER	

HISTORY AND ETIOLOGY: 630 max.

DIAGNOSIS

Skeletal: 360 max.

Dental: 630 max.

Facial: 360 max.

SPECIFIC OBJECTIVES OF TREATMENT

Maxilla (all three planes): 180 max.

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Intercanine Width: 180 max.

Facial Esthetics: 270 max.

TREATMENT PLAN: 1170 max.

APPLIANCES AND TREATMENT PROGRESS: 990 max.

RESULTS ACHIEVED

If differing radiographic units preclude superimposition(s) – check here

Maxilla (all three planes): 180 max.

Mandible (all three planes): 180 max.

Maxillary Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar Width: 90 max.

Mandibular Dentition

A-P: 180 max.

Vertical: 180 max.

Intermolar / Inter canine Width: 180 max.

Facial Esthetics: 270 max.

RETENTION: 630 max.

FINAL EVALUATION OF TREATMENT: 1170 max.

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IF YOU COULD TREAT THIS CASE AGAIN, WOULD YOU TREAT IT DIFFERENTLY? *5700 max.*
IF SO, HOW WOULD YOU TREAT IT DIFFERENTLY AND WHY?

EXAM YEAR**ABO DISCREPANCY INDEX****ABO ID #****PATIENT****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

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



L



L



R

MX

MD

Buccolingual Inclination



R



L



L

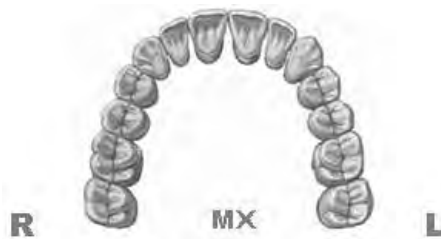


R

MX

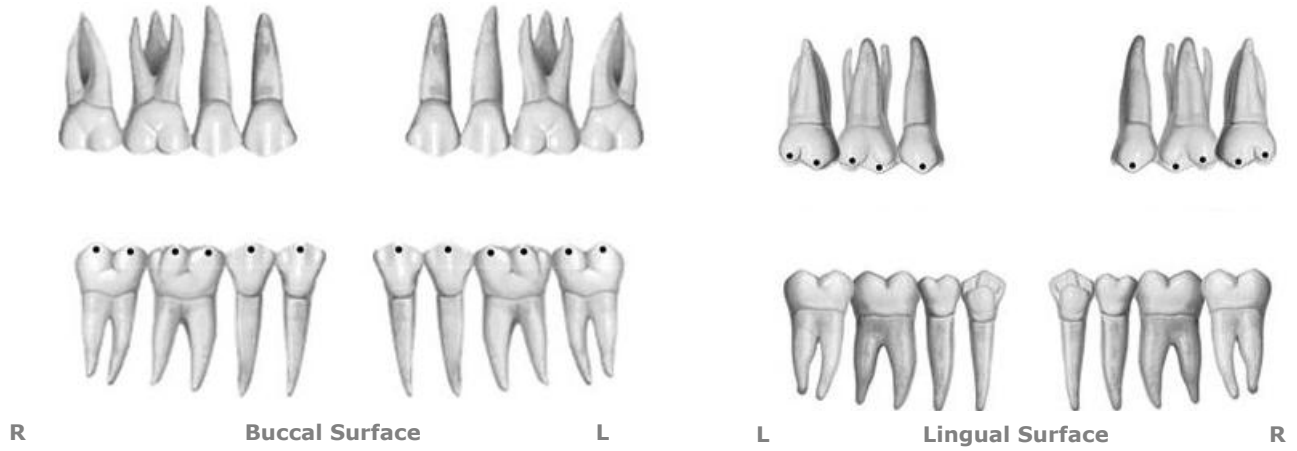
MD

Overjet

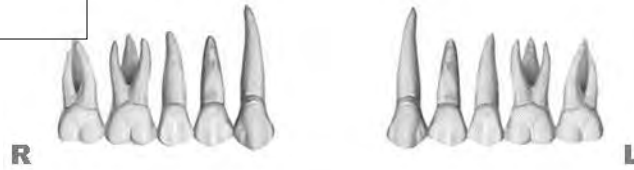


R MX L

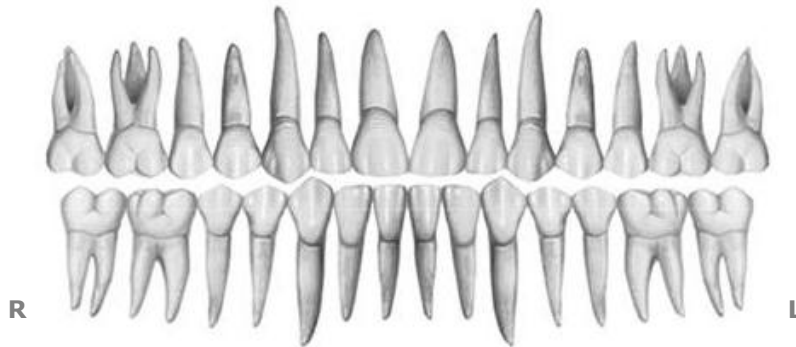
Occlusal Contacts



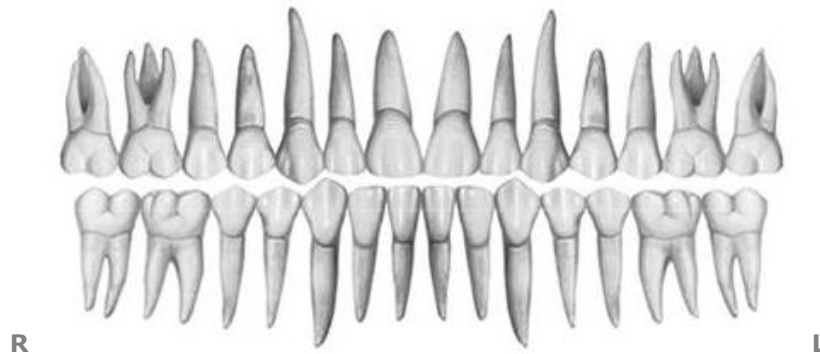
Occlusal Relationships



Interproximal Contacts



Root Angulation



Examiners will evaluate treatment objectives and results, in addition to doing a Records Analysis and Overall Analysis.

MEASUREMENTS

SKELETAL ANALYSIS (S)

0-Acceptable 1-Unacceptable

SCORING

CEPHALOMETRIC

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

EXAMINEE TX OBJECTIVES		PRE TX OBJ	POST TX RESULT	Score
A-P MX		0 1	0 1	
A-P MN		0 1	0 1	
VERT MX		0 1	0 1	
VERT MN		0 1	0 1	

DENTAL ANALYSIS (D)

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

A-P MX		0 1	0 1	
A-P MN		0 1	0 1	
VERT		0 1	0 1	

ARCH

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

TRANS MX		0 1	0 1	
TRANS MN		0 1	0 1	
TRANS ANT		0 1	0 1	
CURVE OF SPEE		0 1	0 1	
ARCH FORM MN		0 1	0 1	

FACIAL ANALYSIS (F)

E-LINE	Upper				
	Lower				

FACIAL ESTHETICS		0 1	0 1	
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S-D-F Subtotal

RECORDS ANALYSIS

Shaded areas for examiner only.

	FACIAL PHOTOS	INTRAORAL PHOTOS	INTRAORAL RADIOGRAPHS	PERIO RECORD	CEPH. & TRACINGS	COMP. TRACING	DENTAL CASTS	CASE REPORT	PRESENT. QUALITY	
PRE-TX A &/OR PROG. A1	0 1	0 1	0 1	0 1	0 1		0 1			
FINAL B	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	SUB-TOTAL RECORDS ANALYSIS

OVERALL ANALYSIS

TREATMENT PLANNING / MECHANOTHERAPY				FINAL TREATMENT RESULTS				
0	1	2	3	0	1	2	3	
ACCEPT	DEFICIENCIES			ACCEPT	DEFICIENCIES			SUB-TOTAL OVERALL ANALYSIS

TOTAL