



AUSTRALASIAN ORTHODONTIC BOARD

CASE DETAILS

(Form 2)

For each of your 2 Board cases, submit a copy of this form and pre-treatment records to your **State Convenor** (contact details for your State Convenor are on the ASO website: <https://www.aso.org.au/state-convenors>)

- For the Case ID please use your AOB number and patient ID (usually initials), e.g. 456 AT
- For each case include Clinical findings, diagnosis, treatment plan, mechanics, radiographs (OPG, Ceph, Ceph values), Photos (IO, EO), Digital models.
- See the attached Sample case for example.

Consent forms only are required for each of your 3 Back-up Cases.

When AOB-appointed peers have assessed your two Board Cases, the case records and an evaluation report will be returned to you. Assessment will be anonymous and non-graded. You will be notified when you have completed AOB Stage 1.

| | | | |
|--------------------------------|----------------------------------|---|--|
| Case ID | | Date Submitted | |
| Gender | | Date of Birth | |
| Medical History | | | |
| Dental History | | | |
| Oral Health Status | | | |
| Angle Classification | <input type="checkbox"/> Class I | <input type="checkbox"/> Class II Div 1 | <input type="checkbox"/> Class II Div 2 <input type="checkbox"/> Class III |
| Molar Relationship | Right | | Left |
| Anterior Relationship | Overjet | | Overbite |
| Centrelines | Upper | | Lower |
| Arch length discrepancy | Upper | | Lower |
| Summary of Radiographs | OPG | | |
| | Lat Ceph | | |

Treatment Plan

| | |
|----------------------------|--|
| Extractions | |
| Appliance(s) | |
| Treatment mechanics | |
| Proposed retention | |

Additional Comments

Please proceed to Page 2 for additional comments.

