



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.

