

ASSESSMENT FORM - AOB CERTIFICATION

(Please type or print clearly)

The records of each case are to be re-assessed anonymously and independently by two assessors on completion of active orthodontic treatment. Except in special circumstances the same two cases are to be presented at the initial and final assessments.

Each component of the records are to be given a non-graded, formative assessment with comments to help the applicant where it is felt that modifications are advisable or worthy of consideration.

Case ID		Date Received	
Supplied by AOB		Date Reserved	
Assessment			
Study Models			
Cephalometric Analysis			
Other Radiographs			
Photographs			
Case Details			
Case Analysis			
Treatment Plan			
Treatment Outcome			
All requirements fulfilled			
Assessor: please date this form - BUT DO NOT SIGN			
Date			