



AUSTRALASIAN ORTHODONTIC BOARD

## ASSESSMENT FORM – AOB FIRST STAGE

(Please type or print clearly)

The records of each case are to be assessed anonymously and independently by two assessors.

Each component of the records is 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 Supplied by AOB		Date Received	
----------------------------	--	---------------	--

### Assessment

Study Models	
Cephalometric Analysis	
Other Radiographs	
Photographs	
Case Details	
Case Analysis	
Treatment Options	

All requirements fulfilled

**Assessor: please date this form - BUT DO NOT SIGN**

Date	
------	--

**Please return this form with case records to State Convenor**