

Exam Year

ABO ID#

Examiners will verify measurements in each parameter.

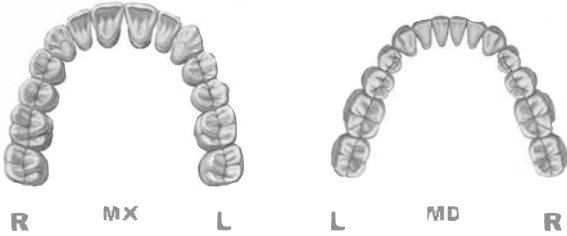
ABO Cast-Radiograph Evaluation (Rev.6-1-08)

Case #

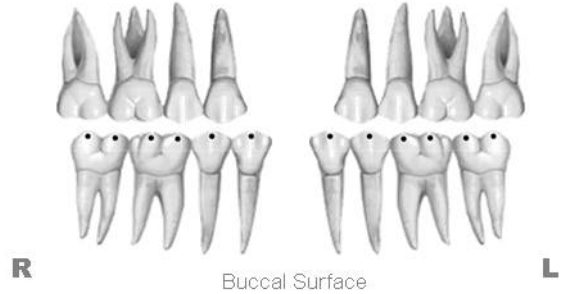
Patient

Total Score:

Alignment/Rotations



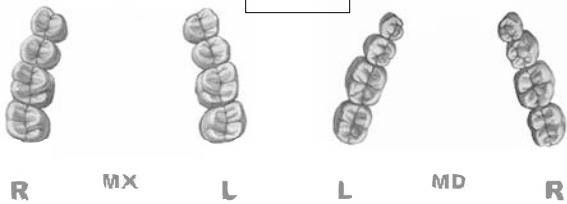
Occlusal Contacts



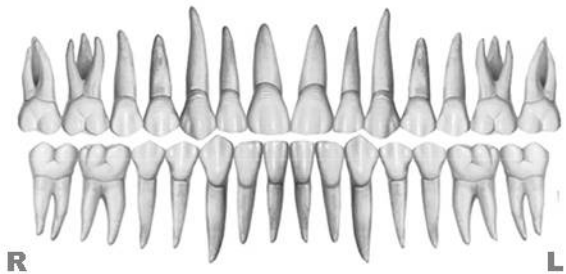
Occlusal Relationships



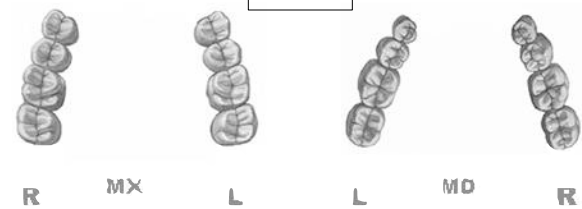
Marginal Ridges



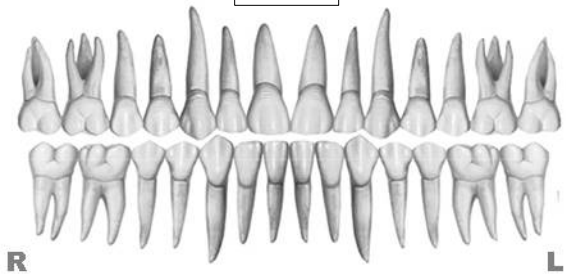
Interproximal Contacts



Buccolingual Inclination



Root Angulation



Overjet



INSTRUCTIONS: Place score beside each deficient tooth and enter total score for each parameter in the white box. Mark extracted teeth with "X". Second molars should be in occlusion.