



**EUROPEAN SOCIETY
OF LINGUAL
ORTHODONTICS**

**APPENDIX 1
CASE PRESENTATION FORMS**



EUROPEAN SOCIETY OF LINGUAL ORTHODONTICS

CANDIDATE NUMBER:

CASE NUMBER:

Year:



RÉSUMÉ OF CASE 1

CASE CATEGORY:
ADULT MALOCCLUSION

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:





RÉSUMÉ OF CASE 2

CASE CATEGORY:
CLASS I MALOCCLUSION

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:





RÉSUMÉ OF CASE 3

CASE CATEGORY:
CLASS II DIV. 2 MALOCCLUSION

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED :

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:



RÉSUMÉ OF CASE 4

CASE CATEGORY: CLASS II DIVISION 1 MALOCCLUSION

HIGH FRANKFORT MANDIBULAR PLANE ANGLE, MINIMUM
FM ANGLE OF 30° AND/OR SN TO Go-Gn ANGLE OF 37°

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:





RÉSUMÉ OF CASE 5

CASE CATEGORY:

CLASS II DIVISION 1 MALOCCLUSION

A MALOCCLUSION WITH SIGNIFICANT MANDIBULAR ARCH LENGTH DEFICIENCY

In at least one of the two Class II 1 cases the treatment **must** involve extractions in both dental arches

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:





RÉSUMÉ OF CASE 6

CASE CATEGORY:
CLASS III MALOCCLUSION

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:



RÉSUMÉ OF CASE 7

CASE CATEGORY:
A SEVERE SKELETAL DISCREPANCY

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:



RÉSUMÉ OF CASE 8

CASE CATEGORY:
**A SIGNIFICANT TRANSVERSE
DISCREPANCY**

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:



RÉSUMÉ OF CASE 9

CASE CATEGORY:
REPLACEMENT CASE

NAME:

BORN:

SEX:

PRE-TREATMENT RECORDS:

AGE:

DATE:

CLASSIFICATION:

TEETH MISSING BEFORE TREATMENT:

TREATMENT PLAN:

APPLIANCE:

TREATMENT STARTED:

AGE:

DATE:

TREATMENT FINISHED:

AGE:

DATE:

ACTIVE TREATMENT TIME:

POST-TREATMENT RECORDS:

AGE:

DATE:

RETAINERS:

a)upper:

DATE:

a)lower:

RETENTION ENDED:

a)upper:

DATE:

a)lower:

RETENTION TIME:

(POST-) RETENTION RECORDS:

AGE:

DATE:

TIME OUT OF RETENTION:



DIAGNOSTIC DESCRIPTION OF THE MALOCCLUSION

A. SUMMARY

B. EXAMINATION OF HEAD AND FACE

C. FUNCTIONAL EXAMINATION

D. INTRAORAL EXAMINATION

E. DENTAL CASTS

Mandibular arch:
Maxillary arch:
Occlusion Sagittal:
Occlusion Vertical:
Occlusion Transversal:

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



FRONTAL

SMILING

PROFILE

FACIAL PHOTOGRAPHS BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



Right Buccal

Left Buccal

Upper Occlusal

Center

Lower Occlusal

INTRA-ORAL COLOUR PHOTOGRAPHS OF THE OCCLUSION BEFORE TREATMENT

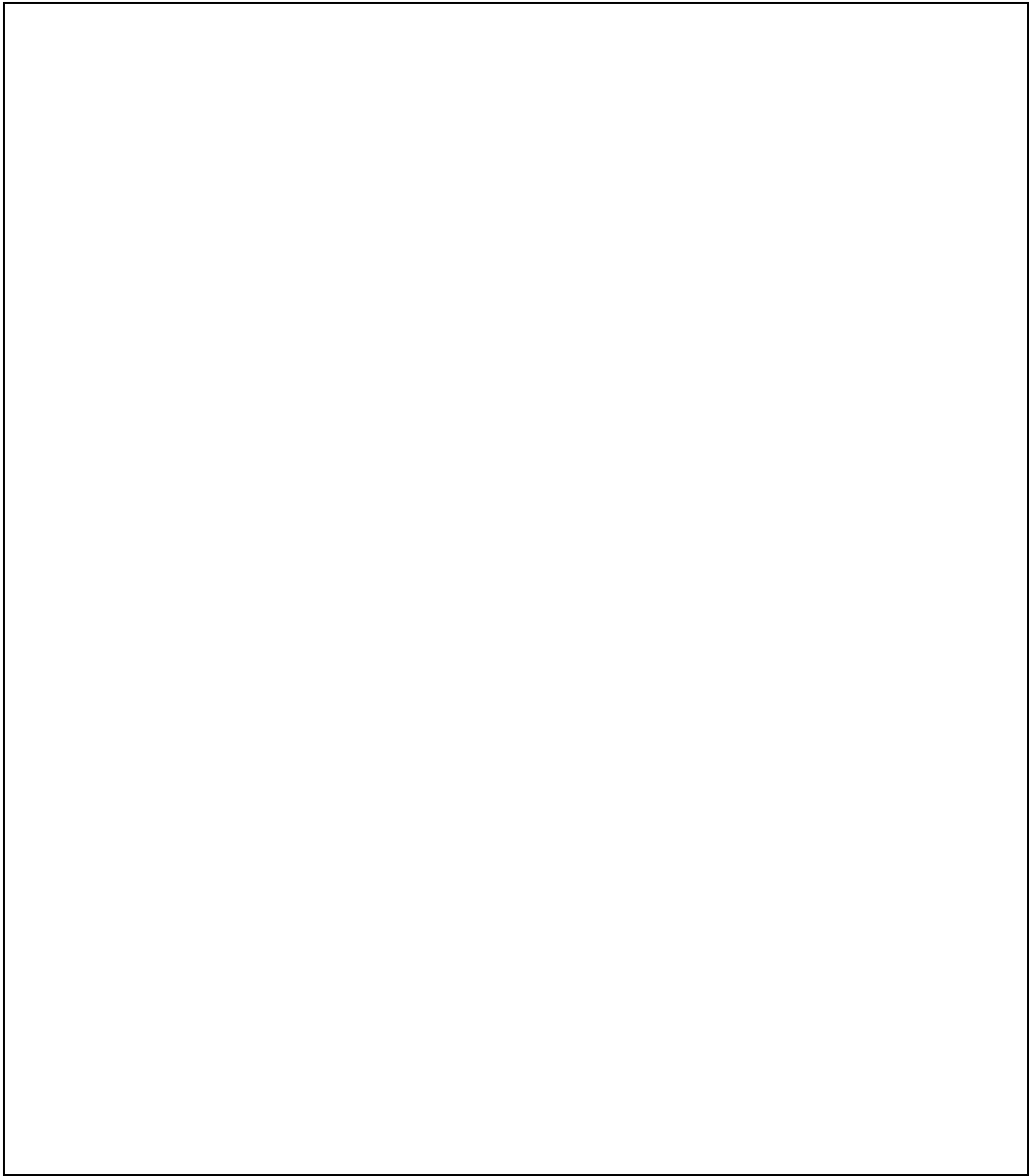
CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



THIS TRACING SHOULD BE IN THE COLOR BLACK.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

HAND TRACING SHOULD FACE TO THE RIGHT.

COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

TRACING OF LATERAL SKULL RADIOGRAPH BEFORE TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT 1

Sagittal Skeletal Relations

Maxillary Position
S-N-A

Mandibular Position
S-N-Pg

Sagittal Jaw Relation
A-N-Pg

Vertical Skeletal Relations

Maxillary Inclination
S-N / ANS-PNS

Mandibular Inclination
S-N / Go-Gn

Vertical Jaw Relation
ANS-PNS / Go-Gn

Dento-Basal Relations

Maxillary Incisor Inclination
 $\underline{1}$ - ANS-PNS

Mandibular Incisor Inclination
 $\bar{1}$ - Go-Gn

Mandibular Incisor Compensation
1 - A-Pg (mm)

Dental Relations

Overjet (mm)

Overbite (mm)

Interincisal Angle
 $\underline{1} / \bar{1}$

Pretreatment	Mean	SD
	82°	± 3.5°
	80°	± 3.5°
	2°	± 2.5°
	8°	± 3.0°
	33°	± 2.5°
	25°	± 6.0°
	110°	± 6.0°
	94°	± 7.0°
	2	± 2.0
	3.5	± 2.5
	2	± 2.5
	132°	± 6.0°

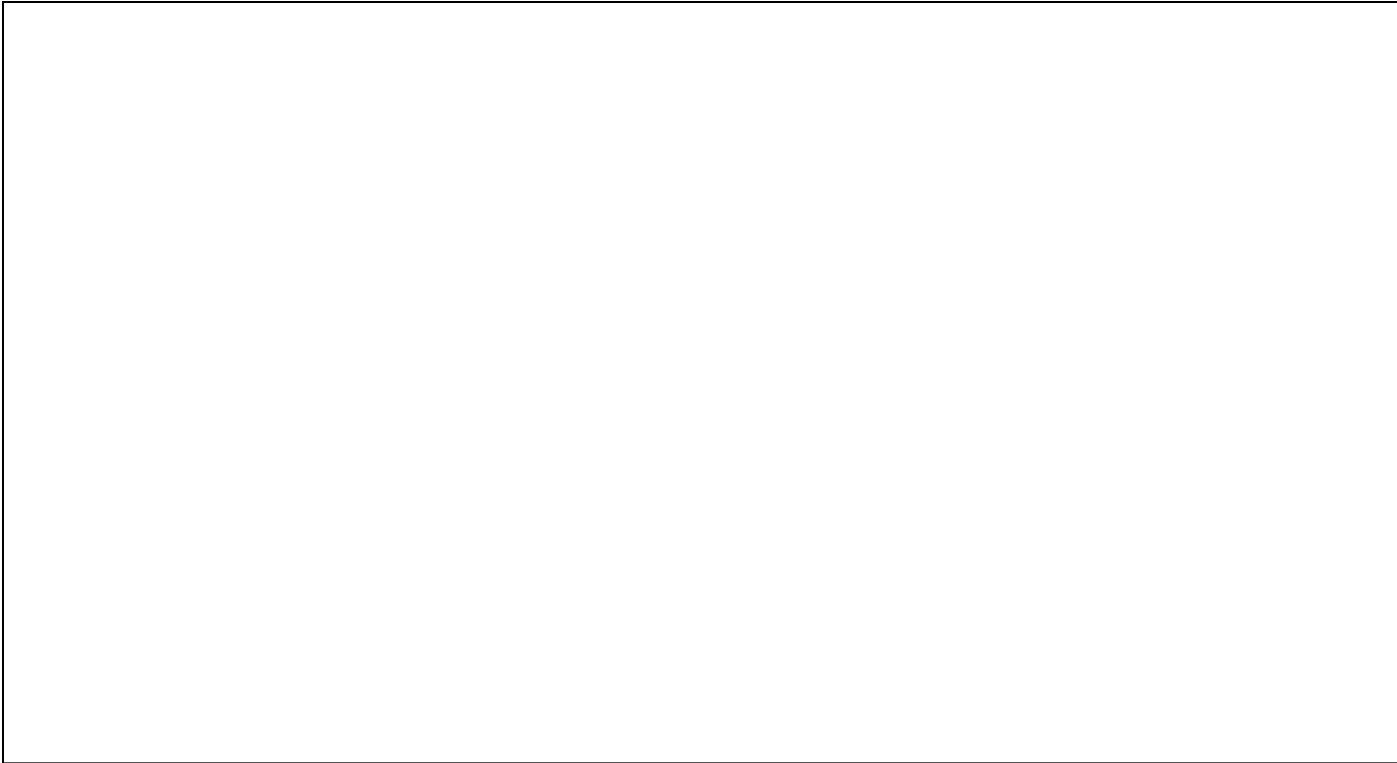
CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





**PERIAPICAL OR PANORAMIC RADIOGRAPHS
BEFORE TREATMENT**

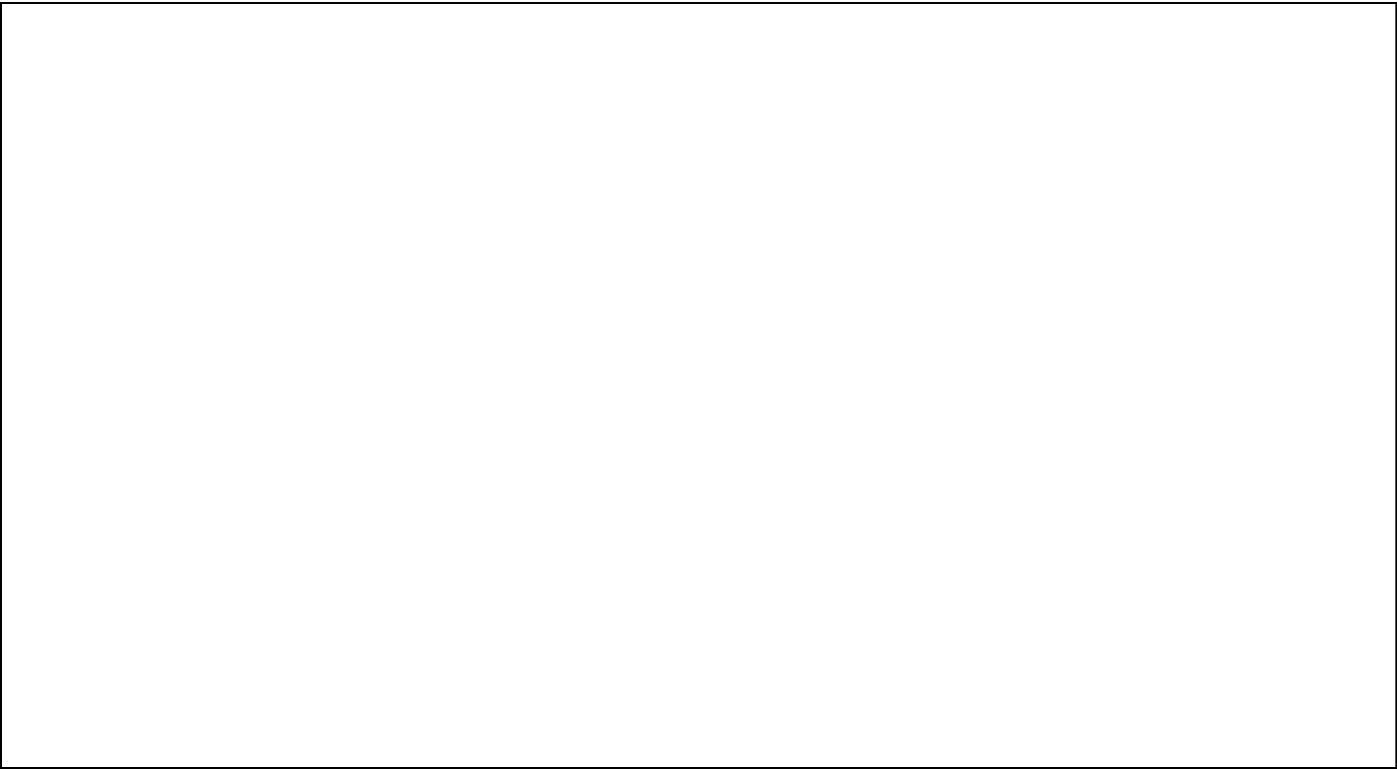
CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





ANY OTHER RADIOGRAPHS BEFORE TREATMENT

If needed

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





RADIOGRAPHIC ANALYSIS BEFORE TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH

B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





TREATMENT PLAN AND THE REASON FOR IT

A large, empty rectangular box with a thin black border, intended for the candidate to write their treatment plan and the reasons for it.

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



**TREATMENT STEPS INTRA-ORAL OCCLUSAL VIEW COLOUR PHOTOGRAPHS
UPPER ARCH**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



**TREATMENT STEPS INTRA-ORAL OCCLUSAL VIEW COLOUR PHOTOGRAPHS
LOWER ARCH**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





**RÉSUMÉ OF THE TREATMENT CARRIED OUT
INCLUDING
ANY DIFFICULTIES ENCOUNTERED**

A large, empty rectangular box with a thin black border, intended for the candidate to write their summary of treatment and any difficulties encountered.

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



FRONTAL

SMILING

PROFILE

FACIAL PHOTOGRAPHS AT COMPLETION OF TREATMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



Right Buccal

Left Buccal

Upper Occlusal

Center

Lower Occlusal

**INTRA-ORAL COLOUR PHOTOGRAPHS OF THE
OCCLUSION AT COMPLETION OF TREATMENT**

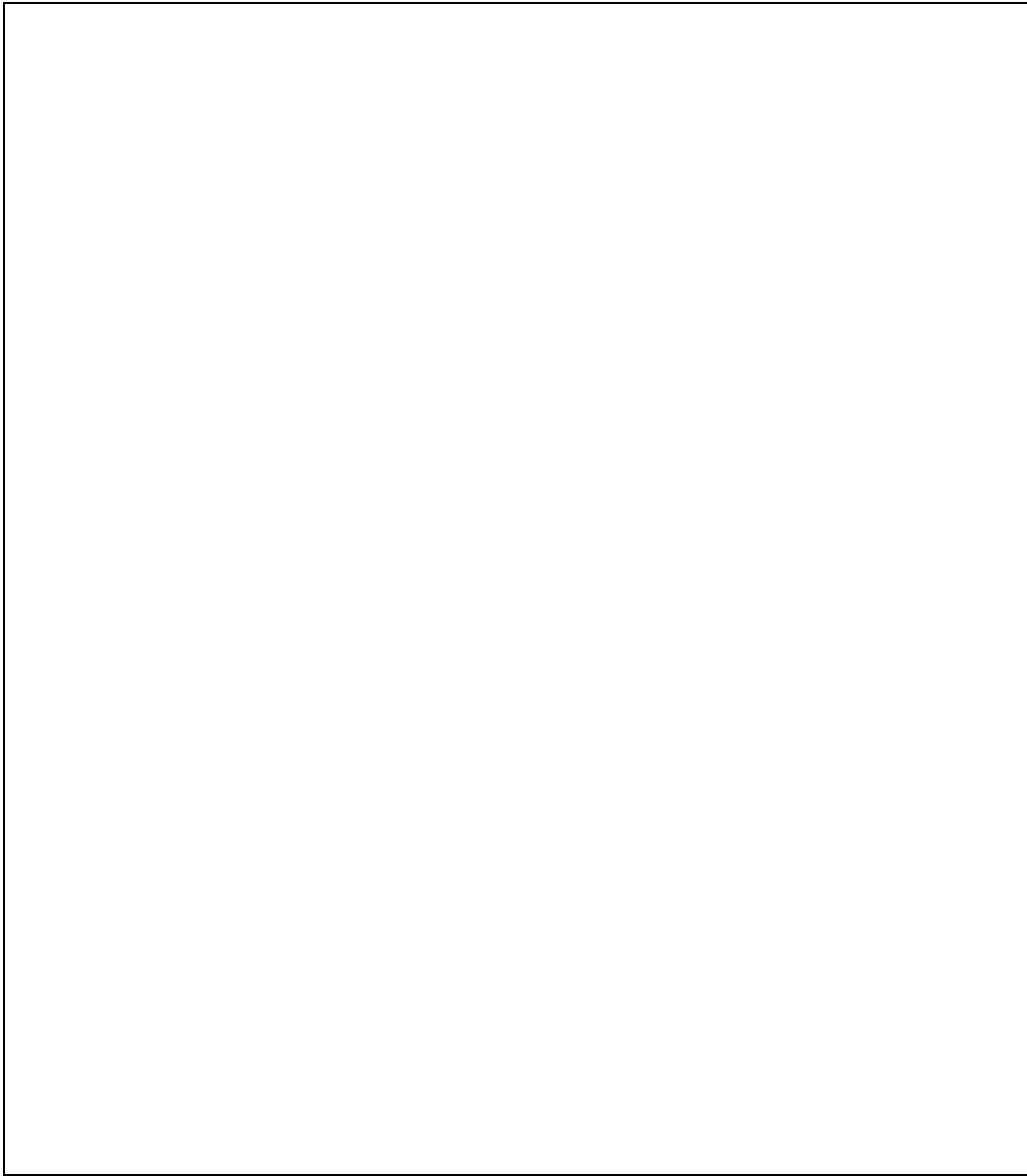
CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





**LATERAL SKULL RADIOGRAPH
AT COMPLETION OF TREATMENT**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



THIS TRACING SHOULD BE IN THE COLOR RED.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

HAND TRACING SHOULD FACE TO THE RIGHT.

COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

**TRACING OF LATERAL SKULL RADIOGRAPH
AT COMPLETION OF TREATMENT**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT 2

Sagittal Skeletal Relations

Maxillary Position
S-N-A

Mandibular Position
S-N-Pg

Sagittal Jaw Relation
A-N-Pg

Vertical Skeletal Relations

Maxillary Inclination
S-N / ANS-PNS

Mandibular Inclination
S-N / Go-Gn

Vertical Jaw Relation
ANS-PNS / Go-Gn

Dento-Basal Relations

Maxillary Incisor Inclination
 $\underline{1}$ - ANS-PNS

Mandibular Incisor Inclination
 $\bar{1}$ - Go-Gn

Mandibular Incisor Compensation
 1 - A-Pg (mm)

Dental Relations

Overjet (mm)

Overbite (mm)

Interincisal Angle
 $\underline{1} / \bar{1}$

Pretreatment	Posttreatment	Mean	SD
		82°	± 3.5°
		80°	± 3.5°
		2°	± 2.5°
		8°	± 3.0°
		33°	± 2.5°
		25°	± 6.0°
		110°	± 6.0°
		94°	± 7.0°
		2	± 2.0
		3.5	± 2.5
		2	± 2.5
		132°	± 6.0°

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



**PERIAPICAL OR PANORAMIC RADIOGRAPHS
AT COMPLETION OF TREATMENT**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





RADIOGRAPHIC ANALYSIS AT COMPLETION OF TREATMENT

A. INTRAORAL / PANORAMIC RADIOGRAPH

B. INTERPRETATION OF CEPHALOMETRIC ASSESSMENT

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





DESCRIPTION OF THE TREATMENT RESULT

A large, empty rectangular box with a thin black border, intended for the description of the treatment result.

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





DESCRIPTION OF THE POST-TREATMENT EVALUATION OF RETENTION

A large, empty rectangular box with a thin black border, intended for the candidate to provide a detailed description of the post-treatment evaluation of retention.

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



FRONTAL

SMILING

PROFILE

FACIAL PHOTOGRAPHS AT RETENTION / POST RETENTION

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



Right Buccal

Left Buccal

Upper Occlusal

Center

Lower Occlusal

**INTRA-ORAL COLOUR PHOTOGRAPHS
AT RETENTION / POST-RETENTION**

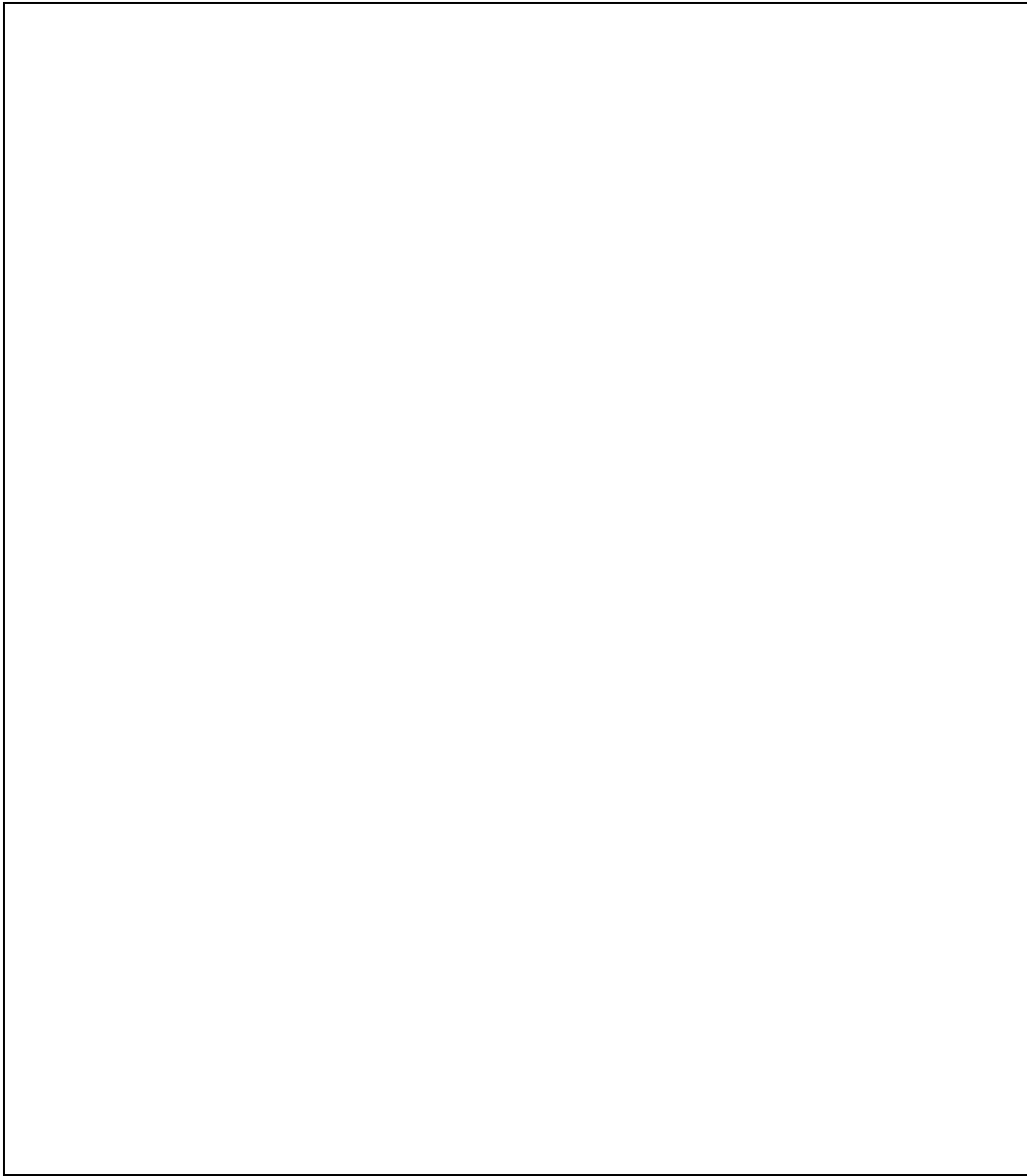
CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





**LATERAL SKULL RADIOGRAPH
AT RETENTION / POST-RETENTION**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:



THIS TRACING SHOULD BE IN THE COLOR GREEN.

REMOVE THIS PART AND PLACE ONLY THE LOWER PART WITH THE TEXT BELOW THE CUT OFF LINE AT THE BOTTOM OF THE TRANSPARENT COVER; THEN PLACE THE TRACING IN THE TRANSPARENT COVER. IN THIS WAY THE TRACING CAN BE EASILY INSPECTED.

HAND TRACING SHOULD FACE TO THE RIGHT.

COPIES ON TRANSPARENT MATERIAL ARE NECESSARY TO CONTROL RELIABILITY OF TRACINGS.

**TRACING OF LATERAL SKULL RADIOGRAPH
AT RETENTION / POST-RETENTION**

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





CEPHALOMETRIC MORPHOLOGICAL ASSESSMENT 3

Sagittal Skeletal Relations

Maxillary Position
S-N-A

Mandibular Position
S-N-Pg

Sagittal Jaw Relation
A-N-Pg

Vertical Skeletal Relations

Maxillary Inclination
S-N / ANS-PNS

Mandibular Inclination
S-N / Go-Gn

Vertical Jaw Relation
ANS-PNS / Go-Gn

Dento-Basal Relations

Maxillary Incisor Inclination
 \perp - ANS-PNS

Mandibular Incisor Inclination
1 - Go-Gn

Mandibular Incisor Compensation
1 - A-Pg (mm)

Dental Relations

Overjet (mm)

Overbite (mm)

Interincisal Angle
 \perp / 1

Pretreatment	Posttreatment	Retention/ Postretention	Mean SD
			82°± 3.5°
			80°± 3.5°
			2°± 2.5°
			8°± 3.0°
			33°± 2.5°
			25°± 6.0°
			110°± 6.0°
			94°± 7.0°
			2± 2.0
			3.5± 2.5
			2± 2.5
			132°± 6.0°

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:





DESCRIPTION OF RETENTION / POST-RETENTION FINDINGS

A large, empty rectangular box with a thin black border, intended for the candidate to write their description of retention and post-retention findings.

CANDIDATE NUMBER:

CASE NUMBER:

DATE:

AGE:

