



EPSOS CASE PRESENTATION

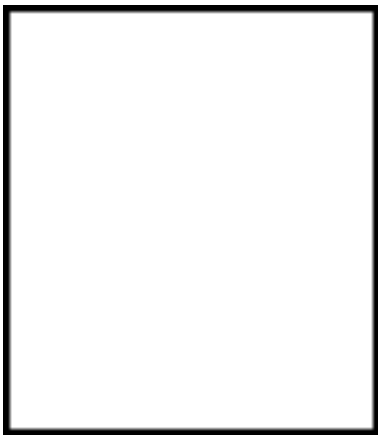
NAME

CITY AND COUNTRY OF RESIDENCE

UNIVERSITY AFFILIATION

YEAR OF POSTGRADUATE TRAINING

PORTRAIT PHOTO OF APPLICANT



SUMMARY OF CASE (no more than 3 sentences)



I certify that all the treatment for the patient submitted was carried out by me under the supervision in my postgraduate training

PRE-TREATMENT ASSESSMENT

Patient's initials

Gender

Age at pre-treatment assessment

Age at start of treatment

Age at completion of active treatment

Patient's complaint(s)

Relevant Medical/Dental/Social History

EXTRA-ORAL ASSESSMENT

Skeletal assessment

Soft tissue assessment

INTRA-ORAL EXAMINATION

Oral hygiene and dental health

Soft tissue assessment

Erupted teeth



Occlusal relationships

- Incisor classification
- Overjet
- Overbite
- Centre lines
- Buccal segment relationships (canine and molar relationship)
- Crowding in both arches
- Crossbites
- Displacements
- Other features of note

PRE TREATMENT EXTRA-ORAL AND INTRA-ORAL PHOTOGRAPHS

(For extra-oral, please include full face frontal relaxed and smiling (if possible); right profile and right oblique. For intra-oral, please include anterior view, plus left and right buccal views of teeth in occlusion)

SPECIAL INVESTIGATIONS

Pre-treated radiographs/CBCT

Views taken

Pathology

Other relevant radiographic findings

PRE-TREATMENT CEPHALOMETRIC TRACING

PRE-TREATMENT CEPHALOMETRIC ANALYSIS

Please note what cephalometric norm you have used

Sagittal skeletal relationships

	Pre-treatment	Normal (SD)*
SNA		
SNB		
ANB		

Vertical skeletal relationships

	Pre-treatment	Normal (SD)*
MMPA		
LFH%		

Dento-basal relationships

	Pre-treatment	Normal (SD)*
Upper incisor to maxillary plane		
Lower incisor to mandibular plane		
Inter-incisal angle		

Concise summary of cephalometric analysis

AETIOLOGY OF PRESENTING MALOCCLUSION

AIMS OF TREATMENT

(please list)

TREATMENT PLAN

(please list details of extractions; appliances; any adjunctive treatment/surgery; retention regime)

Rationale

(please briefly justify treatment chosen)

Prognosis for stability

(briefly)

SEQUENCE OF TREATMENT CLINICAL PHOTOS

Include no more than 5 key stages of treatment with date and treatment details. Each stage of treatment must be on a separate page

AT OR NEAR END OF TREATMENT CEPHALOMETRIC ANALYSIS

Sagittal skeletal relationships

	End of Treatment	Change during treatment
SNA		
SNB		
ANB		

Vertical skeletal relationships

	End of Treatment	Change during treatment
MMPA		
LFH%		

Dento-basal relationships

	End of Treatment	Change during treatment
Upper incisor to maxillary plane		
Lower incisor to mandibular plane		
Inter-incisal angle		

Summary of treatment changes

Brief summary

END OF ACTIVE TREATMENT EXTRA-ORAL PHOTOGRAPHS

POST TREATMENT EVALUATION

Please provide a short reflection and evaluation of your treatment.

Max 200 words.