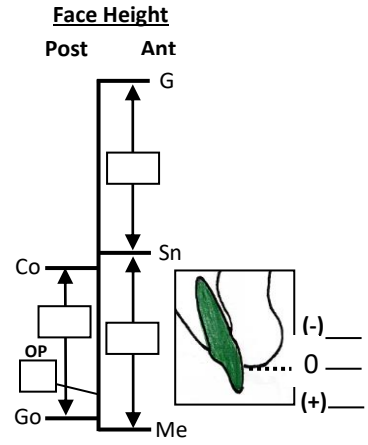


DIAGNOSIS

Patient Name _____ Cast # _____ Date _____

Frontal Plane: G/S or G/T _____ mm, FALL/FA pt. _____ mm, or **GALL/FA pt.** _____ mm. SI: U1/Lip _____ mm

TEETH		MAXILLA				MANDIBLE			
		O	C	O	C	O	C	O	C
Element I	Core Discrepancy								
	AP	__x2__x2			__x2__x2				
	SI	__see table			__see table				
	BL	Left			Left				
		Right			Right				
	BL (jaw)								
	Internal (D, E,strip,open)								
	ICD								



JAWS		MAXILLA				MANDIBLE				
		O	C	O	C	O	C	O	C	
Element II	AP					AP				
Element III	BL									
Element IV	SI	P	A	P	A	SI	P	A	P	A
Element V						Po				

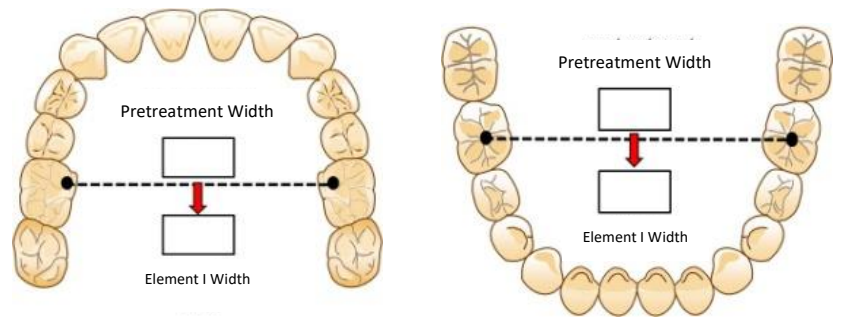
Core Line Depth	Effect on Core Line Length
2mm	-1mm
3mm	-2mm
4mm	-3mm
5mm	-5mm
6mm	-7mm

Severity	
N	BN

Treatment	
O	C

APPLIANCE PRESCRIPTION

Maxillary Sets	post.	ant.
Mandibular Sets	post.	ant.



4321S	4321S	321S	2S	32S	S	S	S	S	S23	S2	S123	S1234	S1234
7	6	5	4	3	2	1	1	2	3	4	5	6	7
321S	321S	321S	2S	32S	S	S	S	S	S23	S2	S123	S123	S123

TREATMENT PLAN

Mo.	Strategies	Mo.	Strategies
		Caveats	