

AGpO Board Case Checklist

Candidate # _____

(# to be assigned by AGpO Executive Director)

Case Number AF08111982

(patient first initial, last initial, date of birth mm/dd/yyyy)

- _____ Cover Sheet
- _____ Table of Contents
- _____ Health History/Clinical Findings/Model Analysis
- _____ Radiographic Findings
- _____ Diagnosis/Summary of Treatment Objectives/ Treatment Plan
- _____ Treatment History
- _____ Treatment Summary/Critique
- _____ Informed Consent/Treatment Agreement
- _____ Initial Photos
- _____ Progress Photos
- _____ Final Photos
- _____ OrthoCAD Diagnostic Summary- Initial
- _____ OrthoCAD 3D Model Images- Initial
- _____ OrthoCAD 3D Model Images- Final
- _____ Dolphin Imaging Cephalometric Analysis- Initial
- _____ Dolphin Imaging Cephalometric Tracing- Initial
- _____ Dolphin Imaging Cephalometric Analysis- Final
- _____ Dolphin Imaging Cephalometric Tracing- Final
- _____ Cephalometric Super-Impositions