

	Value	Norm	Std Dev	Dev Norm
Upper Incisor to Palatal Plane (°)	109.1	111.5	1.5	-1.6 *
Lower Incisor to Mandibular Plane (°)	94.7	95.0	5.0	-0.1
Upper Gonial Angle (°)	61.1	53.5	1.5	5.1 *****
Lower Gonial Angle (°)	73.8	72.5	2.5	0.5
Upper Incisor to ANS Arc	3.3	2.0	2.0	0.6
B to A Point Arc	-2.2	0.0	3.0	-0.7
Pogonion to ANS Arc	-1.5	0.0	3.0	-0.5
Upper Lip Angle (ULA)	91.6	107.5	7.5	-2.1 **

SUMMARY ANALYSIS

- Sassouni Bottomline -

Skeletal A-P: Class I with class II tendency

Skeletal Vertical Pattern: Open Bite

Upper Incisor Position: Protruded

Lower Incisor Angulation: Normal

Growth Direction: Counterclockwise

Maxilla Length: Normal

Maxilla Position: Posterior

Permanent Molar Position: Anterior

Primary Molar Position: Anterior

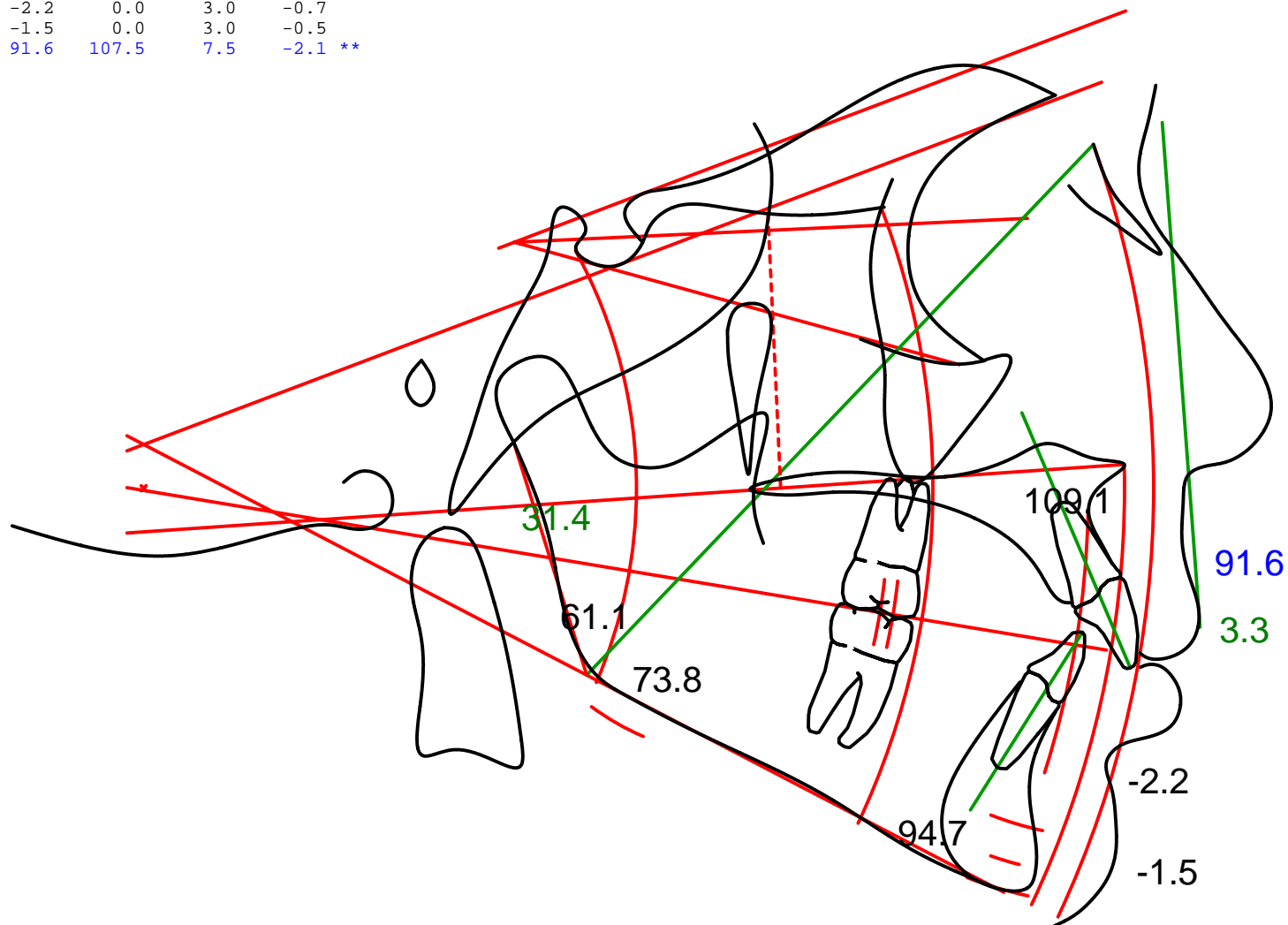
Mandible Length: Short - Anteriorly

Mandible Position: Posterior

Upper Lip Angle: Flat

Upper Incisor Angulation: Low

P to B Vertical: Normal



Colors indicate deviations from the norm as follows:

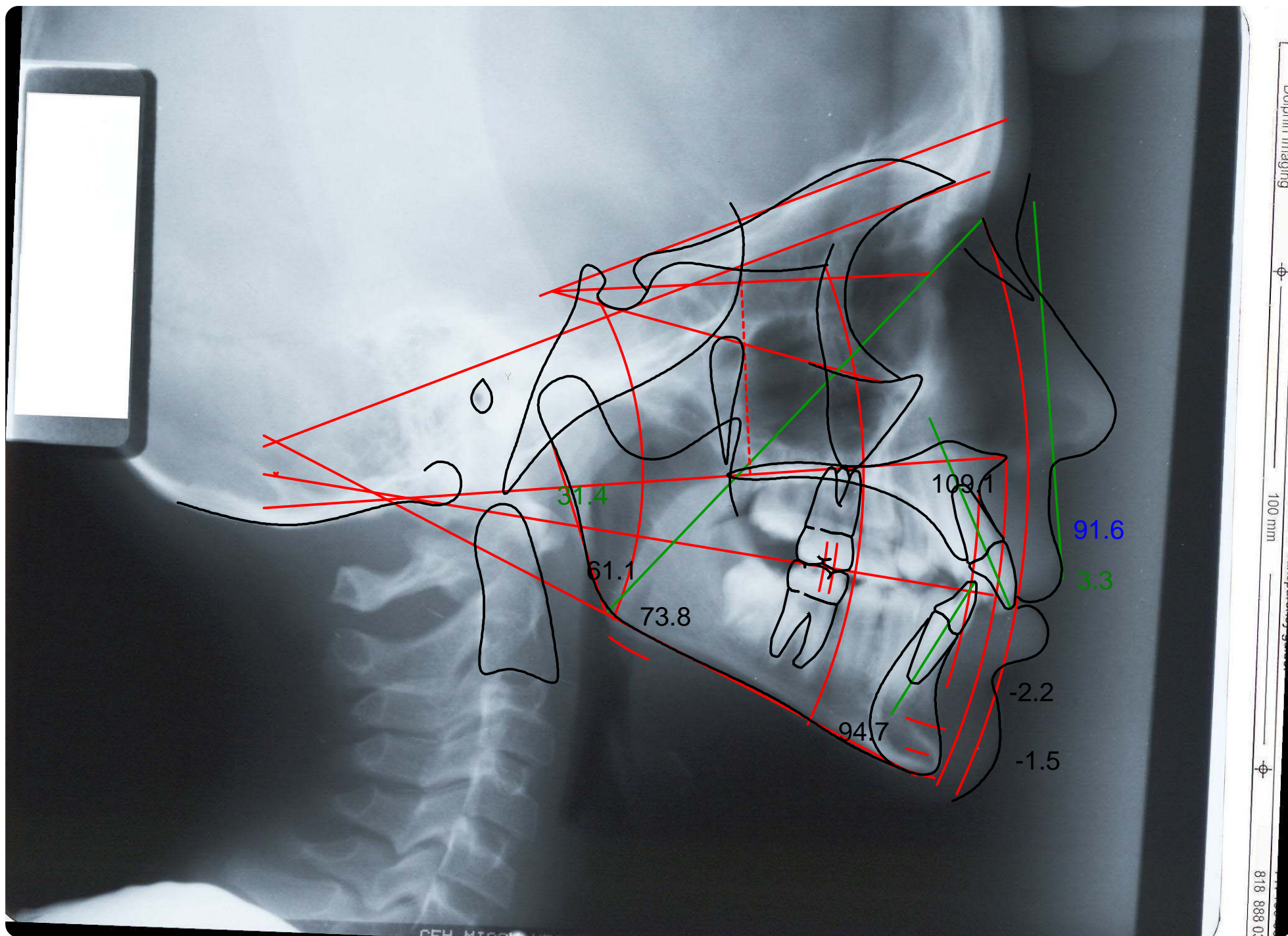
Black: a deviation less than or equal to 1.

Green: a deviation greater than 1 and less than or equal to 2.

Blue: a deviation of greater than 2 and less than or equal to 3.

Red: a deviation of greater than 3.

NOTE: This information is suggestive only. Any diagnosis and prescription should be the decision and sole responsibility of the doctor using this material.



MODEL ANALYSIS FORM

Doctor: Rob Veis

Patient: Michael Smith

Model Evaluation:

- Dentition: Permanent Dentition
- Arch Analysis:

Schwarz Analysis:

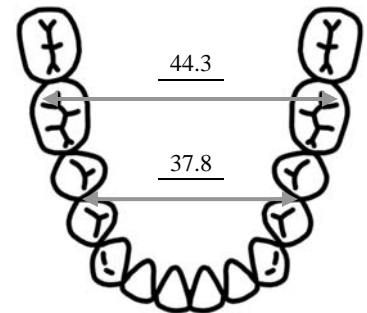
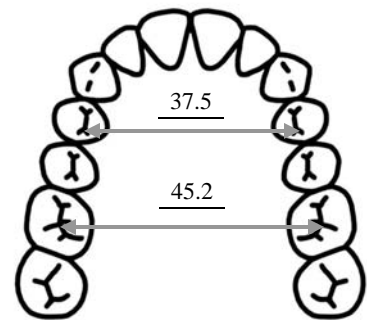
Upper right lateral - #7	7.2
Upper right central - #8	9.1
Upper left central - #9	9.2
Upper left lateral - #10	7.3

Sum of Upper Incisors 32.8

	Should Be	Actual	Discrep.
Max Bicuspid	40.8	37.5	-3.3
Mand Bicuspid	40.8	37.8	-3.0
Max Molars	48.8	45.2	-3.6
Mand Molars	48.8	44.3	-4.5

- Dental Vertical: Deep Bite
- Molar Classification:
Right molars: Class I/Class II
Left molars: Class I/Class II
- Crossbites: None

NOTE: In mixed dentition cases, we add 2mm to the “Actual” bicuspid measurements. This provides us with the approximate position of the unerupted first bicuspid.



August 5, 2010

Dr. Rob Veis
5263 Zuma Beach Rd
Malibu, CA 90265 Pt: Michael Smith

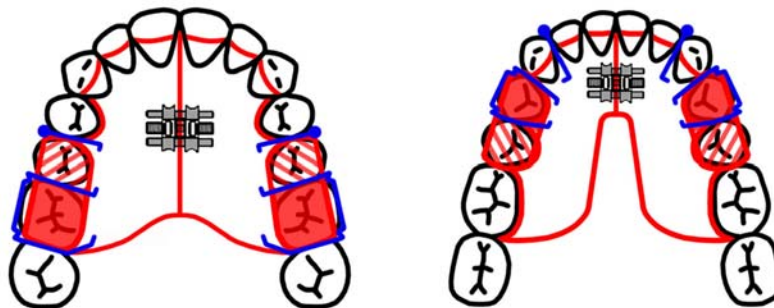
Dear Dr. Veis,

Thank you for sending us this case for your patient Michael Smith. I hope the information contained in this letter along with the Cephalometric Analysis will be of some benefit to you as you plan the treatment of this case.

In this case, the Ceph Analysis indicates this is a Class I with a strong Class II tendency. The upper and lower incisors are in normal positions. The Skeletal Vertical is normal. The growth direction indicates a counterclockwise tendency. The maxilla is short anteriorly and posteriorly; the mandible is also short anteriorly and posteriorly positioned. The upper lip angle is flat and the upper incisor angle is normal. The Model Analysis indicates a slight to moderate arch width discrepancy in the bicuspid and molar region of both arches.

By looking at the models, it appears that the patient is in a Class II/Division I Relationship. At this time, I have outlined a Twin Block Appliance subject to your approval. This appliance can be used to help reposition the mandible down and forward into a Class I Relationship. The Twin Block will help open up the dental deep bite and reduce the overjet. Once you have repositioned the mandible it may then be necessary to place the patient in a Rickanator. The Rickanator will help maintain the mandible in the new position as you begin to use Straightwire and an Arch Wire Series to help level, align and rotate the teeth into stable positions.

Once again, I would like to thank you for sending us this case. If I can be of any further assistance or you have any questions, please do not hesitate to give me a call.



Sincerely,

Scott Powell CDT

P.S. I have enclosed a preprinted Prescription Slip that includes the above design(s). If you want us to fabricate the appliance, please sign the Rx and forward the patient's model(s) and bite registration (if applicable).

NOTE: This information is suggestive only. Any diagnosis and prescription should be the decision and sole responsibility of the doctor using this material.

DR ROB VEIS

PLEASE SEND MORE INFORMATION ABOUT:

- MAILING MATERIALS
- PRODUCTS & SUPPLIES
- DIAGNOSTIC SERVICES
- CONTINUING EDUCATION COURSES
- A.T.P.A. MEMBERSHIP

MICHAEL SMITH	AGE	OFFICE PHONE NUMBER
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ACCOUNT#	ADDITIONAL SERVICES: <ul style="list-style-type: none"> <input type="checkbox"/> EMERGENCY SERVICE FOR APPLIANCES 24-Hour Processing - Fees apply <input type="checkbox"/> Return Duplicate set of models - Fees apply <input type="checkbox"/> Appliance Insurance - Fees apply
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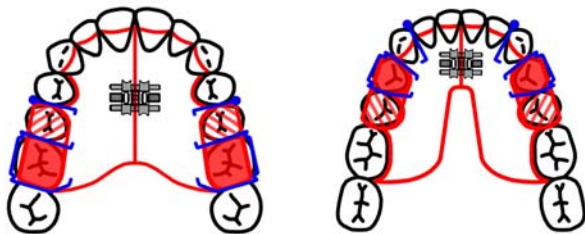
<p>DUE DATE</p> <p><input type="checkbox"/> PATIENT WILL BE APPOINTED AFTER APPLIANCE ARRIVES</p>	<p>(office use only)</p> <p style="text-align: right;"><input type="checkbox"/> S.I.</p>	<p>DIAGNOSTIC SERVICES *Fees apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> PHONE CONSULTATION SERVICE* <input type="checkbox"/> APPLIANCE REVIEW LETTER* <input type="checkbox"/> CEPHALOMETRIC TRACING SERVICE* <input type="checkbox"/> COMPLETE ORTHODONTIC RECORDS PACKAGE* <input type="checkbox"/> ORTHODONTIC DIAGNOSTIC SERVICE* <input type="checkbox"/> 3D DIGITAL STUDY MODELS* <input type="checkbox"/> CONSULTATION STUDY MODELS* <input type="checkbox"/> BOARD QUALITY STUDY MODELS*
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Modified Twin Block Appliances for Class II correction

The appliances consist of the following:

1. Indicated clasp retention:
 - a) Adams clasps on #3, #14, #21, and #28.
 - b) Ball clasps as indicated.
2. Upper and lower midline expansion screws.
3. Posterior occlusal 70° inclines.

NOTE: Successful use of Twin Block appliances requires an accurate Construction Bite for proper appliance fabrication.



Additional instructions on reverse

SIGNATURE _____

LICENSE NUMBER _____

PLEASE MAKE A COPY OF THIS PRESCRIPTION FORM FOR YOUR RECORDS

CHECK LIST:

- PRESCRIPTION** - Fill out completely including patient name, due date, and appliance type.
- MODELS** - Pour up in good quality stone and check for accuracy before patient is released. Trim models as small as possible. Have a doctor final check the models for accuracy.
- BITE** - Always send opposing model and wax bite for all prosthetic, habit, bite plane or functional appliances.
- PACKAGING** - Use a sturdy cardboard box (supplied on request). Wrap models carefully and individually to avoid breakage. Fill box completely with packing material