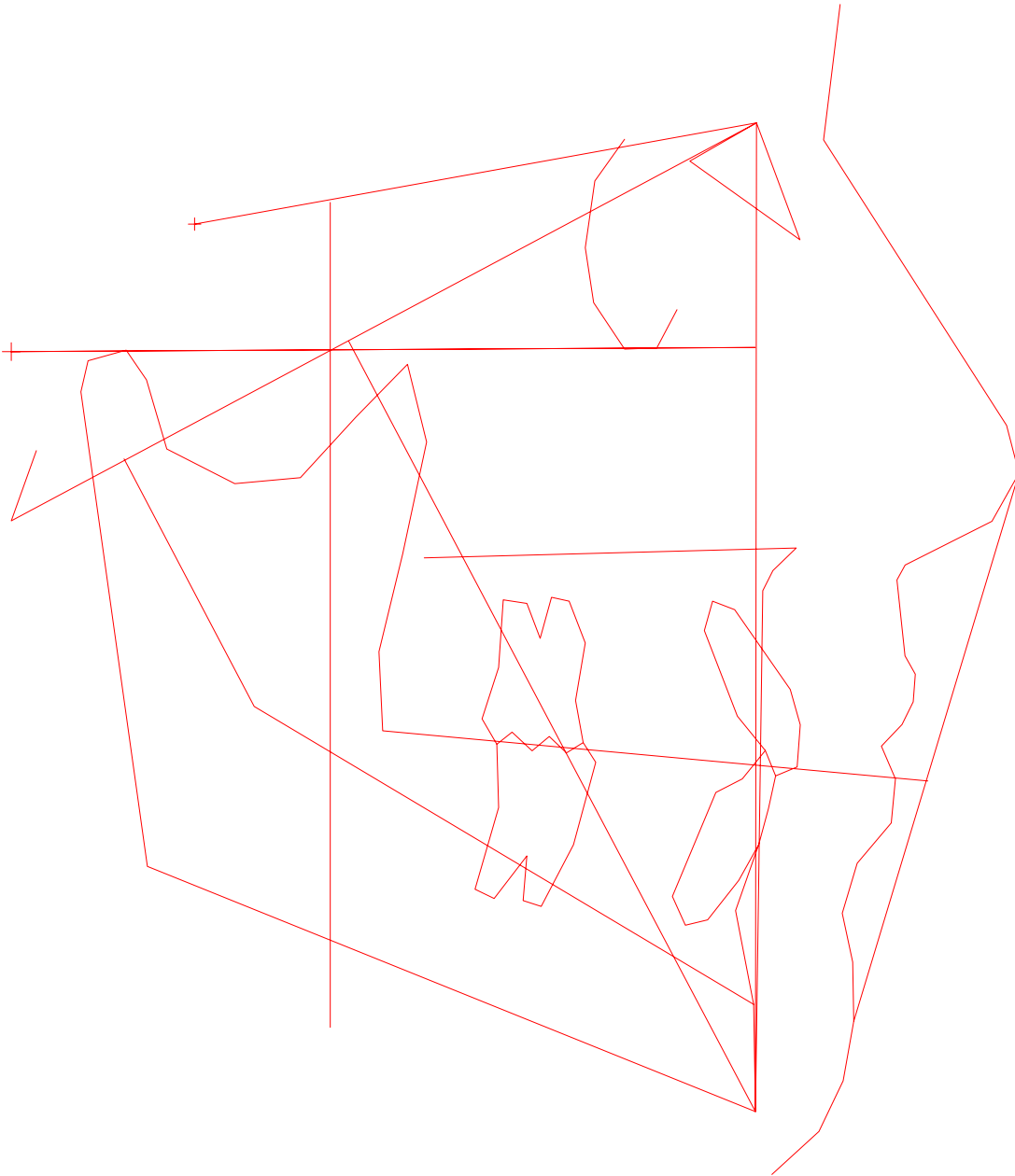


CASE: 0000 0040 1
ADULT MALE
Dr. TRAINING
M (CA) Caucasian
MISSING PERMANENT TEETH

VISUAL NORMS

DR. ANNIE®

R $\frac{8}{8}$ | $\frac{8}{8}$ L



ADULT MALE
Dr. ANNIE

Case Number: 0000 0040 1
Run date: 10/21/2021

X-Ray date: 01/14/2021 Age: 10.7
Birthdate: 05/16/2010 Sex: Male 1

Reference: C C D 1

C C D - O R T H O D O N T I C C O N D I T I O N S

LATERAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			

===== DENTAL RELATIONS =====

01 Molar Relation	-1.0 mm	-3.0 mm	0.7
03 Canine Relation	-0.2 mm	-2.0 mm	0.6
05 Incisor Overjet	3.8 mm	2.5 mm	0.5
07 Incisor Overbite	2.8 mm	2.5 mm	0.1
09 Mand Incisor Extrusion	3.0 mm	1.3 mm	0.9
#11 Interincisal Angle	131.2 dq	130.0 dq	0.2

===== DENTAL TO SKELETON =====

#18 A6 Molar Position to PTV	28.4 mm	21.0 mm	2.5 **
#20 B1 to A-Po Plane	3.0 mm	1.0 mm	0.8
22 A1 to A-Po Plane	6.5 mm	3.5 mm	1.4 *
#24 B1 Inclination to A-Po	23.3 dg	22.0 dg	0.3
26 A1 Inclination to A-Po	25.5 dg	28.0 dg	-0.6
27 Occlusal Plane to Xi	0.7 mm	-3.7 mm	1.5 *
28 Inclination of Occl Plane	21.2 dq	27.2 dq	-1.5 *
54 B1 Inclination to FH	63.3 dg	65.0 dg	-0.3

===== ESTHETICS =====

29 Lower Lip to Esthetic Plane	-4.9 mm	-2.9 mm	-1.0 *
30 Upper Lip Length	30.9 mm	29.4 mm	0.8
31 Lip Embrasure to Occl Plane	-4.9 mm	-3.0 mm	-0.9
58 NasoLabial Angle	109.1 dq	115.0 dq	-1.2 *

===== NASOPHARYNGEAL AIRWAY =====

62 N-S-Ba	124.1 dq	129.6 dq	-1.1 *
63 Ba-S-PNS	53.2 dq	63.0 dq	-3.9 ***
85 Airway Percent	85.0 %	66.1 %	1.3
86 Linder-Aronson AD1	30.7 mm	27.8 mm	0.6
87 Linder-Aronson AD2	27.0 mm	23.6 mm	0.9
88 Distance PTV to Adenoid	18.2 mm	16.2 mm	0.3

C C D - S K E L E T A L C O N D I T I O N S

LATERAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			

===== SKELETAL RELATIONS =====

#13 Convexity	2.9 mm	0.0 mm	1.4 *
#15 Lower Facial Height	45.4 dg	45.0 dg	0.1
84 Present Patient Height	NOT AVAILABLE		
91 Posterior face height	95.7 mm		
92 Anterior face height	138.1 mm		
93 Posterior/Anterior ratio	69.3 %		
94 Saddle Angle	114.6 dg	123.0 dg	-2.8 **
96 Condylion-A point	103.2 mm	98.8 mm	1.0 *
97 Condylion-Gnathion	135.7 mm	128.2 mm	1.8 *
95 Max-Mand Differential	32.5 mm	30.0 mm	0.6
98 Menton-ANS	78.0 mm	72.0 mm	2.0 **

===== JAW TO CRANIUM =====

#32 Facial Depth	89.6 dg	89.6 dg	0.0
#34 Facial Axis	89.4 dg	90.0 dg	-0.2
#36 Maxillary Depth	92.0 dg	90.0 dg	0.7
37 Maxillary Height	58.4 dg	56.7 dg	0.6
38 Palatal Plane to FH	5.3 dg	1.0 dg	1.2 *
#39 Mandibular Plane to FH	19.0 dg	23.3 dg	-1.0 *
77 Ba-N-A	64.9 dg	63.0 dg	0.6
76 S-N-A	81.9 dg	82.0 dg	0.0
78 S-N-B	79.1 dg	80.0 dg	-0.3
69 A-N-B Difference	2.8 dg	2.0 dg	0.3
75 Total Facial Height	58.6 dg	60.0 dg	-0.5

===== INTERNAL STRUCTURE =====

40 Cranial Deflection	29.4 dg	27.0 dg	0.8
42 Cranial Length Anterior	68.9 mm	70.1 mm	-0.5
44 Ramus Height (CF-Go)	81.5 mm	72.2 mm	2.8 **
46 Ramus Xi Position	78.3 dg	76.0 dg	0.8
48 Porion Location (Por to PTV)	-44.8 mm	-47.3 mm	1.1 *
#50 Mandibular Arc	36.4 dg	30.7 dg	1.4 *
51 Corpus Length	81.4 mm	84.6 mm	-1.2 *

ADULT MALE
Dr. ANNIE

Case Number: 0000 0040 1
Run date: 10/21/2021

X-Ray date: 01/14/2021 Age: 10.7
Birthdate: 05/16/2010 Sex: Male 1

Reference: I N F O

P A T I E N T I N F O R M A T I O N

S I G N I F I C A N T C O N S I D E R A T I O N S

===== NAME =====

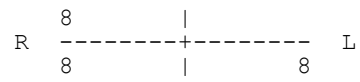
Patient name: ADULT MALE
Doctor name: TRAINING
Age: 30.7
X-Ray date: 01/14/2021
Case Number:
Run date: 10/21/2021

CONDITION CCD FACTORS

===== HORIZONTAL =====

Skeletal Class II 13
due to the maxilla 32,36

===== MISSING PERMANENT TEETH =====



===== VERTICAL =====

===== HEIGHT PREDICTION =====

Patient has reached adult height

===== TRANSVERSE =====

===== AIRWAY ANALYSIS =====

If the patient is clinically diagnosed
as a mouthbreather, observed mouthbreathing
is probably not caused by adenoid blockage
of the airway.

===== SYMMETRY =====

===== BOLTON ANALYSIS =====

Not Available - Upper and lower arch not analyzed

===== SPECIAL CONSIDERATIONS =====

===== COMMENTS =====

Lat rt 6's used for measurement
No analysis of frontal x-ray. Upper and lower arch
expansion decisions based on available data only.

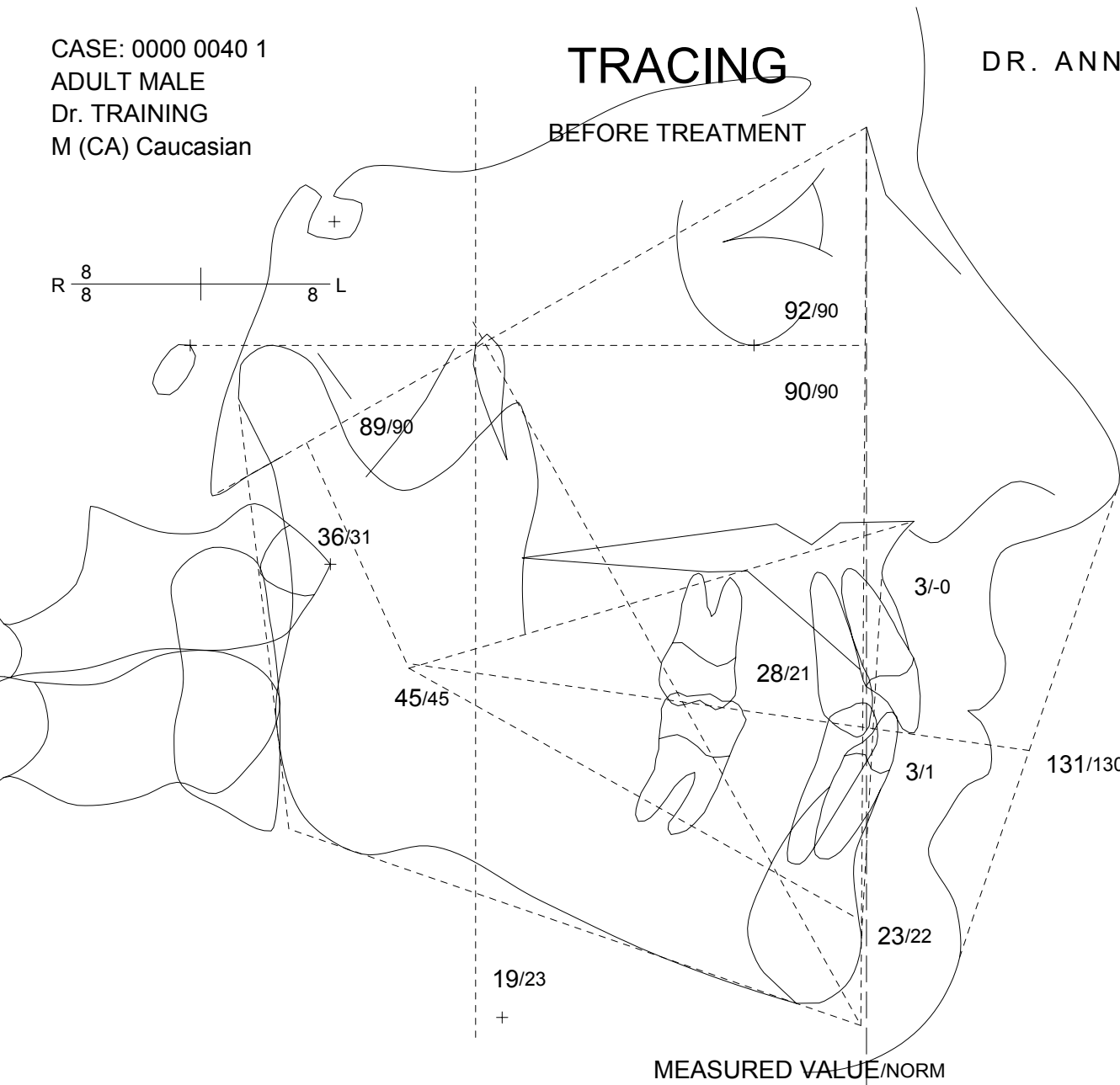
CASE: 0000 0040 1
 ADULT MALE
 Dr. TRAINING
 M (CA) Caucasian

TRACING

DR. ANNIE®

BEFORE TREATMENT

R $\frac{8}{8}$ L



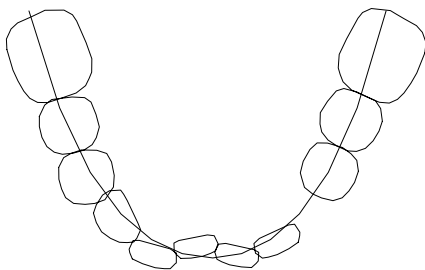
MEASURED VALUE/NORM

SIGNIFICANT CONSIDERATIONS

CONDITION	REASON
Skeletal Class II Adenoid blockage of the airway?	due to the maxilla Probably not

CONDITION	REASON
Skeletal Class II Adenoid blockage of the airway?	due to the maxilla Probably not

R L



SHORTAGE 6.6 MM
 LEEWAY 0.0 MM

FACIAL PATTERN: MILD BRACHYFACIAL

# FACTORS	MEASURED VALUE	NORM	CLINICAL DEVIATION
Interincisal Angle	131.2 dg	130.0 dg	0.2
Convexity	2.9 mm	-0.0 mm	1.4 *
Lower Facial Height	45.4 dg	45.0 dg	0.1
A6 Molar Position to PTV	28.4 mm	21.0 mm	2.5 **
B1 to A-Po Plane	3.0 mm	1.0 mm	0.8
B1 Inclination to A-Po	23.3 dg	22.0 dg	0.3
Facial Depth	89.6 dg	89.6 dg	0.0
Facial Axis	89.4 dg	90.0 dg	-0.2
Maxillary Depth	92.0 dg	90.0 dg	0.7
Mandibular Plane to FH	19.0 dg	23.3 dg	-1.0 *
Mandibular Arc	36.4 dg	30.7 dg	1.4 *

ADULT MALE
Dr. ANNIE

Case Number: 0000 0040 1
Run date: 10/21/2021

X-Ray date: 01/14/2021 Age: 10.7
Birthdate: 05/16/2010 Sex: Male 1

Reference: G T U

===== G U I D E T O A L T E R N A T I V E T R E A T M E N T P L A N N I N G =====

Facial Pattern 1.0 C.D. Probability of Lower Third Molar
Vertical Description MILD BRACHYFACIAL (based on space available)
Not Applicable
3rd Molars Missing

Auxiliary Appliances
Headgear NOT INDICATED

Activator NOT INDICATED
Palate Separation N/A - No Arch and Frontal data
Convexity Objective Reduce 1.5 mm

Lower Arch Length Discrepancy (original arch) 6.6 mm Shortage
Including useable leeway (E) space

*** LOWER ARCH ***	Required Tooth Movement	Effect on Arch Length	Resulting Discrepancy
Lower Incisor to Ideal	Lt: 0.0 mm Fwd. Rt: 1.2 mm Fwd.	0.8 mm Increase	5.8 mm Shortage
Buccal Expansion to Ideal Arch Form		0.5 mm Increase	5.3 mm Shortage
Incisors & Convexity to Cephalometric Limit	1.7 mm Fwd.	3.4 mm Increase	1.9 mm Shortage
Lower Molar Distal Movement	2.0 mm	4.0 mm Increase	2.1 mm Excess

*** UPPER ARCH ***

Movement of First Molar (non-ext.)
Required for Class I 3.7 mm Distal
Clinical Limit 1.5 mm Distal
Resulting Expected Space for 2nd & 3rd
Molars at Maturity (non-ext.) 25.6 mm
Required Space for 2nd Molars 9.0 mm to 11.0 mm
Required Space for 2nd & 3rd Molars 18.0 mm to 22.0 mm

*** Indicated Treatment using Dr's Personalized Decision Program ***

Upper Arch EXTRACTION
Lower Arch NON-EXTRACTION
Lower Incisor Forward 0.6 mm
Buccal Expansion Gain 0.5 mm
Lower Molar Movement Backward 1.6 mm

Teeth Sizes: L6 L5 L4 L3 L2 L1 R1 R2 R3 R4 R5 R6 TOTAL SUM OF INCISOR NORM
Lower Arch : 11.7 7.6 7.3 7.5 6.5 5.9 5.9 6.5 7.5 7.3 7.4 11.7 92.8 24.8 MM 23.5

ADULT MALE
Dr. ANNIE

Case Number: 0000 0040 1
Run date: 10/21/2021

X-Ray date: 01/14/2021 Age: 10.7
Birthdate: 05/16/2010 Sex: Male 1

Reference: W R U

W O R K U P

===== ORIGINAL CONDITION =====

Facial pattern: 1.0 CD - Mild Brachyfacial
Lower arch form: Normal

Missing permanent teeth: R 8 | L 8
8 | 8

Lower arch length discrepancy (ALD) 6.6 mm SHORTAGE
Leeway space 0.0 mm ---
Maximum use of leeway space 0.0 mm
Total arch length discrepancy 6.6 mm SHORTAGE

===== COMPUTER DECISION =====

based on Dr. Training's individualized standards

UPPER ARCH: EXTRACTION

Convexity change REDUCE 1.5 mm

LOWER ARCH: NON-EXTRACTION

Lower incisor FORWARD 0.6 mm

Buccal Expansion GAIN 0.5 mm

Lower molar BACKWARD 1.6 mm

Extracted teeth

R 4 | L 4

===== AUXILIARY APPLIANCES =====

Activator: NOT INDICATED
Palate separation: N/A - No Arch and Frontal data
Headgear: NOT INDICATED

===== POST TREATMENT =====

Pentamorphic arch form: Normal

R A T I O N A L E

===== REASONS FOR LOWER ARCH DECISION =====

Mandibular Arch Length Analysis

- Initial Conditions
 - Original Arch Length 6.6 mm shortage
 - Useable Leeway Space 0.0 mm
 - Total Initial Discrepancy (A+B) 6.6 mm shortage
- Maximum Permissible Arch Length Increase (Within Doctor Limits)

Due To:

 - Lower Incisor Repositioning 4.2 mm increase
 - Buccal Expansion 0.5 mm increase
 - Lower Molar Distal Movement 4.0 mm increase
 - Total Possible Increase (D+E+F) 8.7 mm increase
- Resultant Arch Length Discrepancy 2.1 mm excess
Considering All Possible Arch Length Increases (C+G)
- Resultant Computer Decision Non-Extraction
- Work-Up Presented Is NON-EXTRACTION

===== REASONS FOR UPPER ARCH DECISION =====

- Convexity change 1.5 mm reduce
- Upper incisor tip movement for overbite/overjet ideal to lower 0.2 mm backward
- First molar movement required 3.3 mm forward
- First molar movement clinical limit 1.5 mm backward
- Work-Up Presented Is EXTRACTION

===== COMMENTS =====

Lat rt 6's used for measurement

ADULT MALE
0000 0040 1

M 10.7

SEQUENCES WORKSHEET

02/21/2021
UA EXTRACTION

UPPER ARCH				LOWER ARCH			
ACTIVITY	DESCRIPTION	MONTHS	NOTES	ACTIVITY	DESCRIPTION	MONTHS	NOTES
	EXTRACT	0				0	
		1				1	
	CORRECT CONVEXITY INTRUDE 1	0			RETRACT 4 AND/OR 5 INTRUDE 1	0	
		2				2	
		3				3	
		4				4	
		5			DISTAL 6 RETRACT 3	0	
		6				6	
		7				7	
		8				8	
		9				9	
		10				10	
		11				11	
		12				12	
		13			ALIGN/LEVEL BUCCAL SEGS INTRUDE 3 ALIGN INCISORS	1	
		14				14	
		15				15	
		16			IDEAL ARCH	1	
		17				17	
		18				18	
		19				19	
		20				20	
		21				21	
		22				22	
		23				23	
		24				24	

PROGRESS
RECORDS

PROGRESS
RECORDS

POST TX
RECORDS

POST TX
RECORDS

0000 0040 1
ADULT
MALE M 10.7

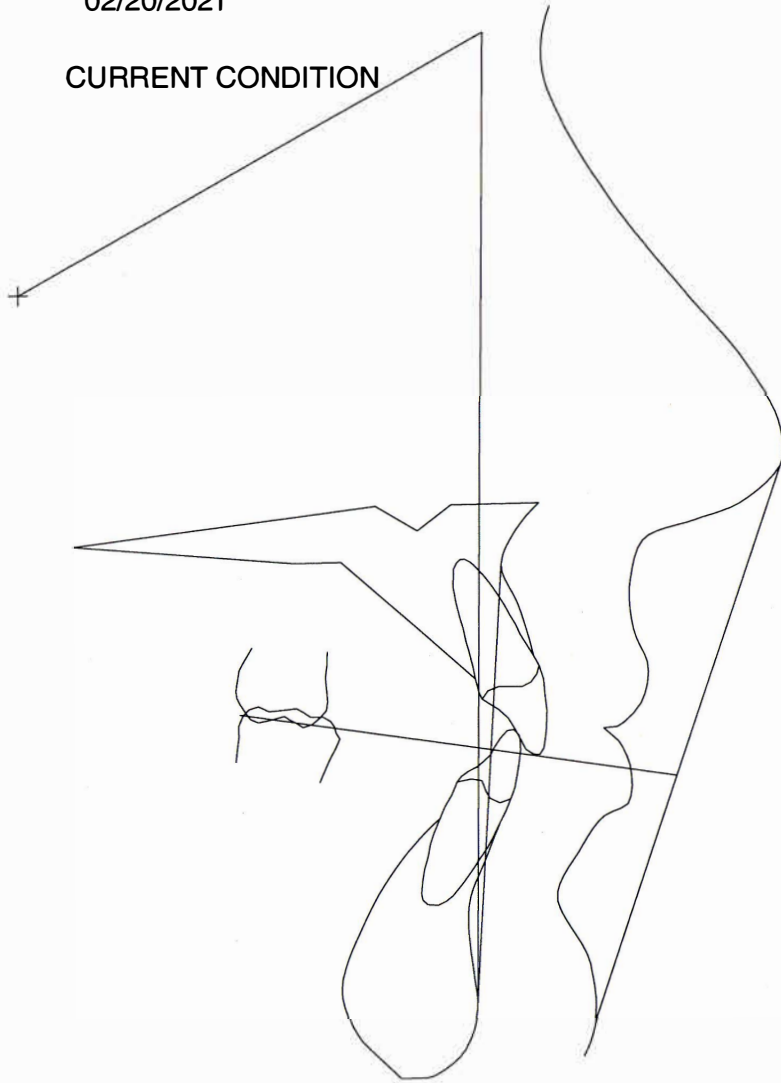
VISUAL TREATMENT GOAL COMPARISON

DR. ANNIE®

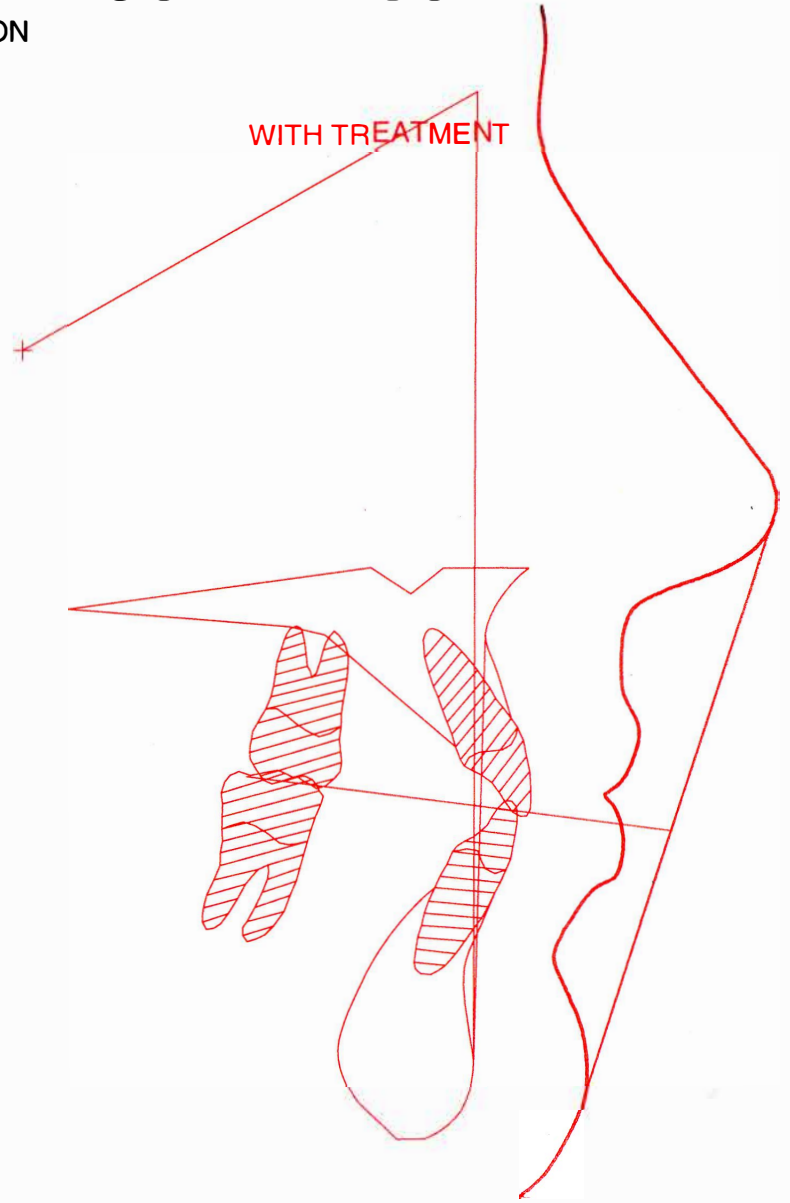
02/20/2021

UA EXTRACTION

CURRENT CONDITION



WITH TREATMENT

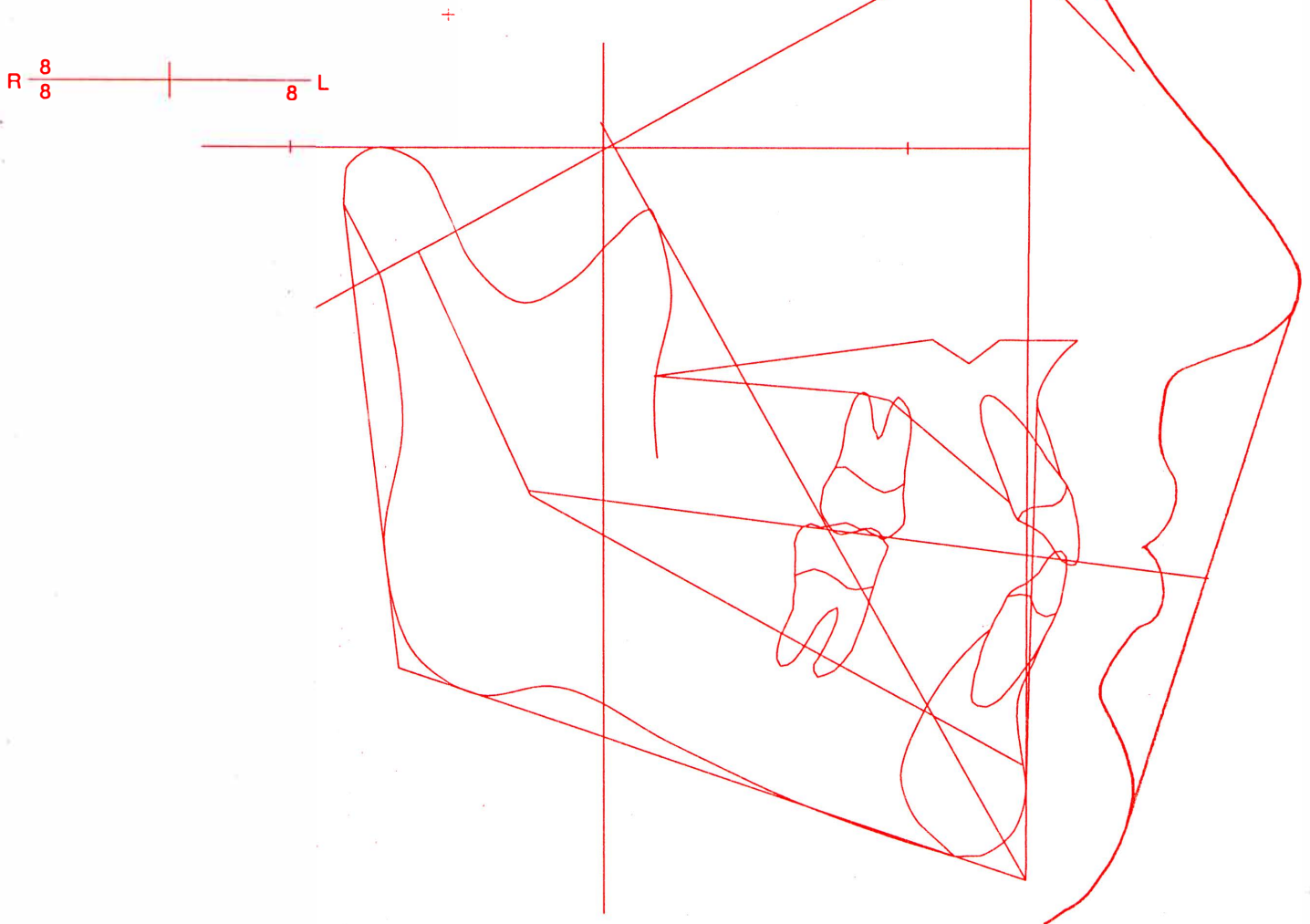


CASE: 0000 0040 1
ADULT MALE
Dr. TRAINING
M (CA) Caucasian

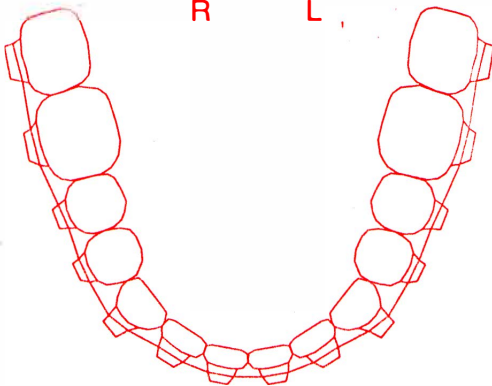
UA EXTRACTION VTO

DR. ANNIE[®]

VISUAL TREATMENT OBJECTIVE



SUGGEST
NORMAL
PREFORMED
PENTAMORPHIC ARCHWIRE
R L



ESPECIALLY PREPARED FOR Dr. TRAINING

WORKUP PERFORMED

Upper: EXTRACTION
Lower: NON-EXTRACTION

EXTRACTED TEETH

R 4 | 4 L

PREDICTION PERIOD

24.0 months

GROWTH UNITS

24.0 months: 0.0

HEIGHT PREDICTION

Reached adult height

COMMENTS

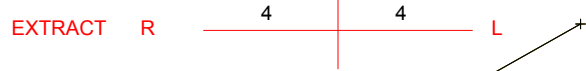
Lat rt 6's used for measurement

0000 0040 1
 ADULT MALE
 M 10.7

UA EXTRACTION TREATMENT DESIGN

DR. ANNIE®

02/21/2021



MAXILLARY CHANGE

CHANGE IN MAXILLARY TEETH

PT. A MOVEMENT BACKWARD 1.5 MM

UPPER MOLAR CHANGE

CHANGE IN MANDIBULAR TEETH

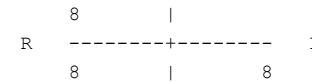
LOWER INCISOR	FWD(LT)	0.6	MM
LOWER MOLAR	BWD	1.6	MM

MANDIBULAR GROWTH

WORKUP PRESENTED

Upper arch: EXTRACTION
 Lower arch: NON-EXTRACTION

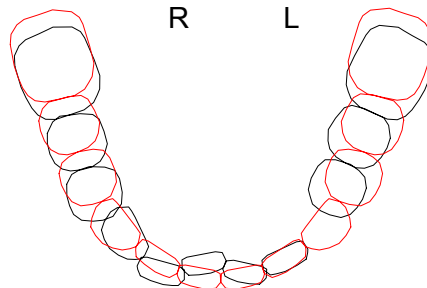
MISSING PERMANENT TEETH



COMMENTS

Lat rt 6's used for measurement

— ORIGINAL
 — GROWTH W/O TREATMENT
 — TREATMENT OBJECTIVE



Data Services

ADULT MALE
Dr. ANNIE

Case Number: 0000 0040 1
Run date: 10/21/2021

X-Ray date: 01/14/2021 Age: 10.7
Birthdate: 05/16/2010 Sex: Male 1

Reference: S A

A N A L Y S I S

===== BEFORE TREATMENT =====

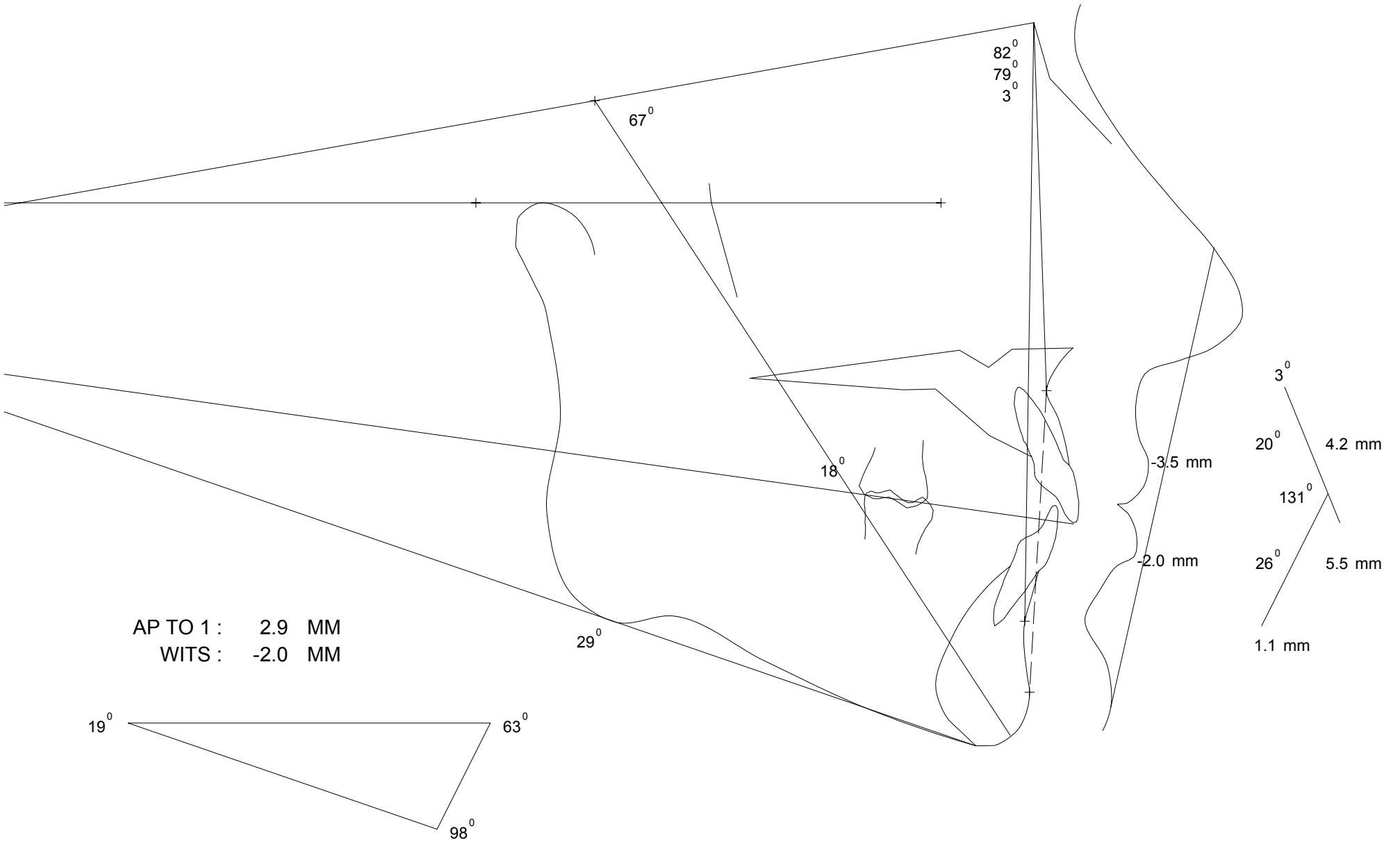
Factor	Measured Value	Clinical Norm	Clinical Deviations From Norm
SNA	81.9 dg	82.0 dg	0.0
SNB	79.1 dg	80.0 dg	-0.3
ANB	2.8 dg	2.0 dg	0.3
SND	75.6 dg	76.0 dg	-0.1
A1 to NA	4.2 mm	4.0 mm	0.1
A1 to NA	20.2 dg	22.0 dg	-0.2
B1 to NB	5.5 mm	4.0 mm	0.6
B1 to NB	25.8 dg	25.0 dg	0.1
A1 to B1	131.2 dg	131.0 dg	0.0
OCC.PL/SN	18.0 dg	14.0 dg	0.9

0000 0040 1
ADULT MALE
M 10.7

02/21/2021

ANALYSIS

DR. ANNIE®



Data Services

DR. ANNIE[®]

October 21, 2021

Case #: 0000 0040 1
Patient: ADULT MALE

Extraction
Letter: (33)

Dear Dr. TRAINING:

The enclosed workup shows extraction in the upper arch only.

The reason for this is that after predicting growth to maturity, eliminating arch length discrepancy, placing the incisors in an ideal overjet and overbite and attempting to position the upper molar in a Class I relationship, the program has identified a possible contraindication.

The procedures mentioned above would call for distalizing the upper molar beyond the limits you have indicated you use, or would position the upper molar such that there would be insufficient resulting space for upper second and third molars.

An alternative method of treatment may be possible by planning to treat the anterior teeth further forward than is shown on the VTO.

We appreciate the opportunity to be of service to you. If you have any questions or alternative methods of treatment that you wish to share with us, please contact one of our technical representatives.