

CASE NUMBER												
PAR COMPONENTS	RIGHT					LEFT					UN-WEIGHTED TOTAL	WEIGHTED TOTAL
Upper anterior segments	3-2		2-1		1-1		1-2		2-3			X1
Lower anterior segments	3-2		2-1		1-1		1-2		2-3			X1
Buccal occlusion	Antero-posterior				Right				Left			X1
	Transverse				Right				Left			X1
	Vertical				Right				Left			X1
Overjet	Positive						Negative				X6	
Overbite	Overbite						Openbite				X2	
Centre line												X4
										TOTAL		

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Lower anterior segments	3-2		2-1		1-1		1-2		2-3			X1
Buccal occlusion	Antero-posterior				Right				Left			X1
	Transverse				Right				Left			X1
	Vertical				Right				Left			X1
Overjet	Positive						Negative				X6	
Overbite	Overbite						Openbite				X2	
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	Transverse				Right				Left			X1
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