

## Index of Treatment Need (IOTN) Report

Patient Name: **Jade Drogba** Date of Birth: **1991-08-12**  
Date of Study: **2017-08-03** Time of study: **16:34**

Age: **25**  
Email: **drogba@z.x**

Gender: **Female**  
Mobile: **8888888888**

### 1. Case History

Chief Complaint **Fat loss**  
Past Medical History **Diabetic**  
Past Dental History **Nithing**

### 2. Dental Health Component

Overbite(mm) **6**  
Overjet(mm) **3**

Condition	Present/Absent	Region
Crossbite	<b>1</b>	<b>LoI</b>
Congenital Anomalies	<b>0</b>	
Supernumerary Teeth	<b>1</b>	
Impacted Teeth	<b>0</b>	

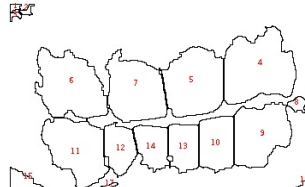
Dental Health Component Score **1**

### 3. Aesthetic Component

Patient's front image



Dentition detected



Axes detected



Aesthetic Component Score(Automated)	<b>9</b>
Aesthetic Component Score(Manual Grading)	<b>2</b>
Axis Alignment sub-score	<b>3448.23529412</b>
Symmetry sub-score	<b>102.657</b>
Overbite sub-score	<b>1.95175477144</b>