

PAR SCORING SHEET

Name _____

CASE NUMBER	Pre-Treatment								Date					
PAR COMPONENTS	RIGHT								LEFT				UN-WEIGHTED TOTAL	WEIGHTED TOTAL
	Upper anterior segments	3-2		2-1		1-1		1-2		2-3				
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			

CASE NUMBER	Post-Treatment								Date					
PAR COMPONENTS	RIGHT								LEFT				UN-WEIGHTED TOTAL	WEIGHTED TOTAL
	Upper anterior segments	3-2		2-1		1-1		1-2		2-3				
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			

ASSESSMENT OF OUTCOME

PAR SCORE	IMPROVEMENT	
Change in PAR score	Greatly improved	
% change in PAR score	Improved	
	Worse or no different	