Treatment Center:					
Civic registration number:					
Last name:		First name:			
☐ Q36.9	☐ Q36.0				
Age at registration:	☐ 5 y	☐ 10 y	☒ 16 y	☐ 19 y	☐ 1y p-o
Date at registration:					
Examiners name:					
Bone grafting:	☒ Yes	☐ No			
Score; bone level in the cleft area estimated in relation to the root length of the tooth mesial of the cleft					
Right side:	☐ Not applicable	☐ 0: Bone missing	☐ 1: <3/4	☐ 2: >=3/4	
Left side:	☐ Not applicable	☐ 0: Bone missing	☐ 1: <3/4	☐ 2: >=3/4	