

# Severity Assessment for PLAGIOCEPHALY

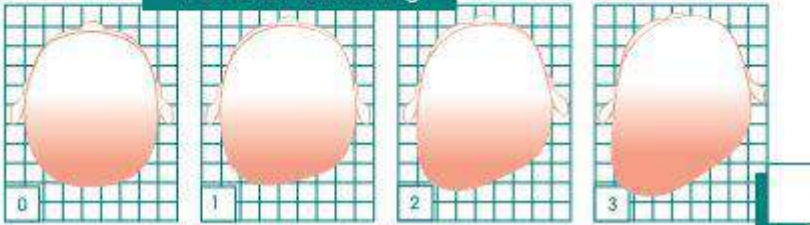
Patient Name \_\_\_\_\_

Sex  M  F

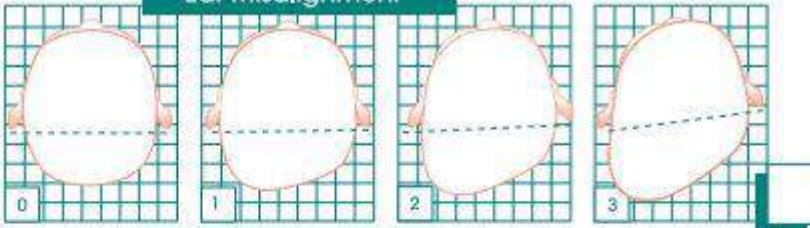
Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

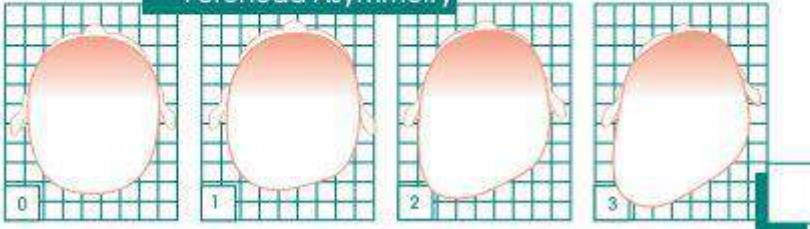
### Posterior Flattening



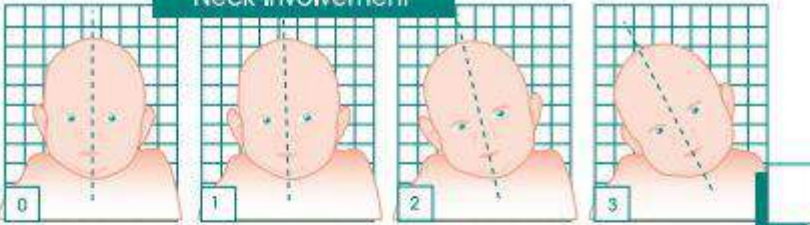
### Ear Misalignment



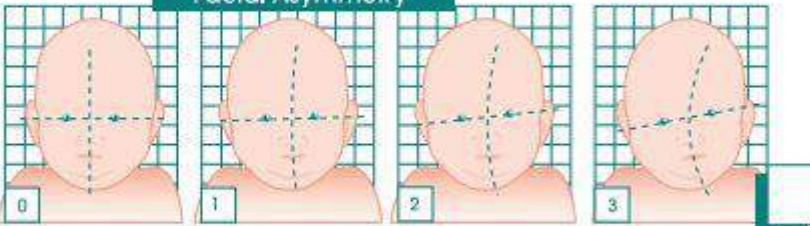
### Forehead Asymmetry



### Neck Involvement



### Facial Asymmetry



Notes

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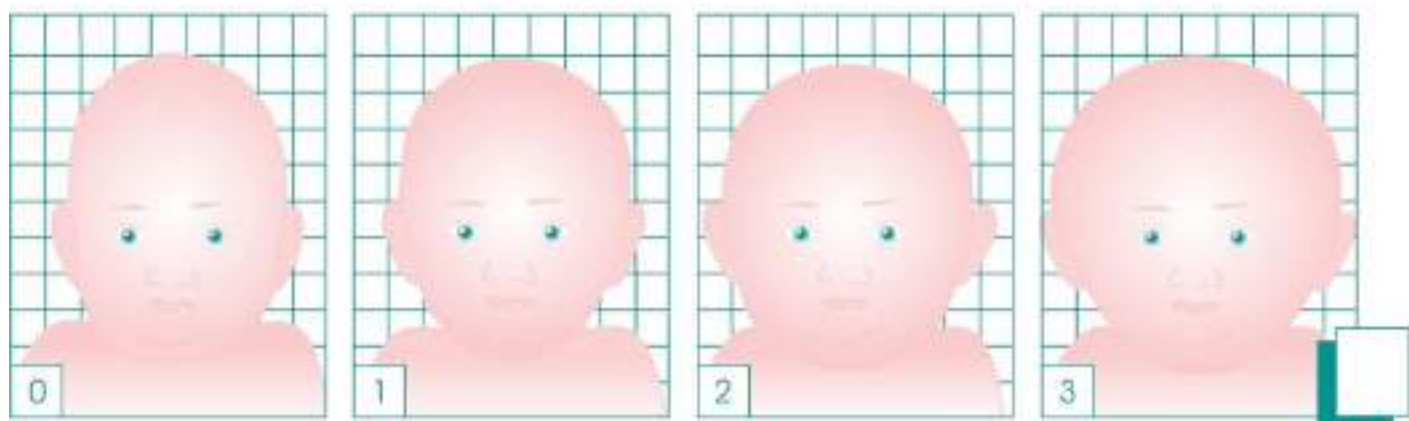
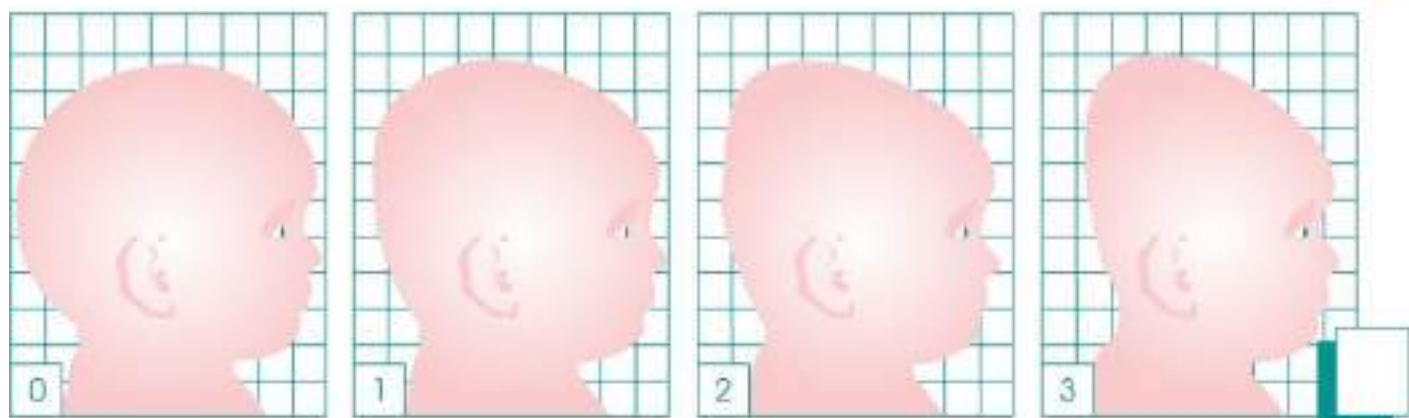
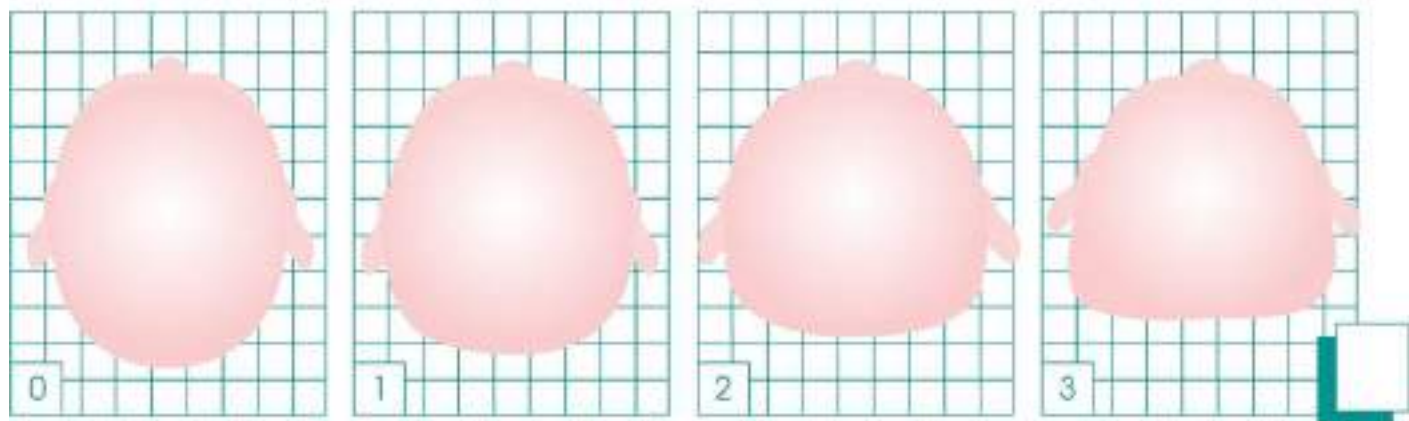
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TOTAL SCORE	
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# Severity Assessment for **BRACHYCEPHALY**



# Severity Assessment for SCAPHOCEPHALY

