

CASE: 7587 0550 1

H, M

DRS. D/B

F (CA) Caucasian

AGE: 8.5 SKEL: 9.0

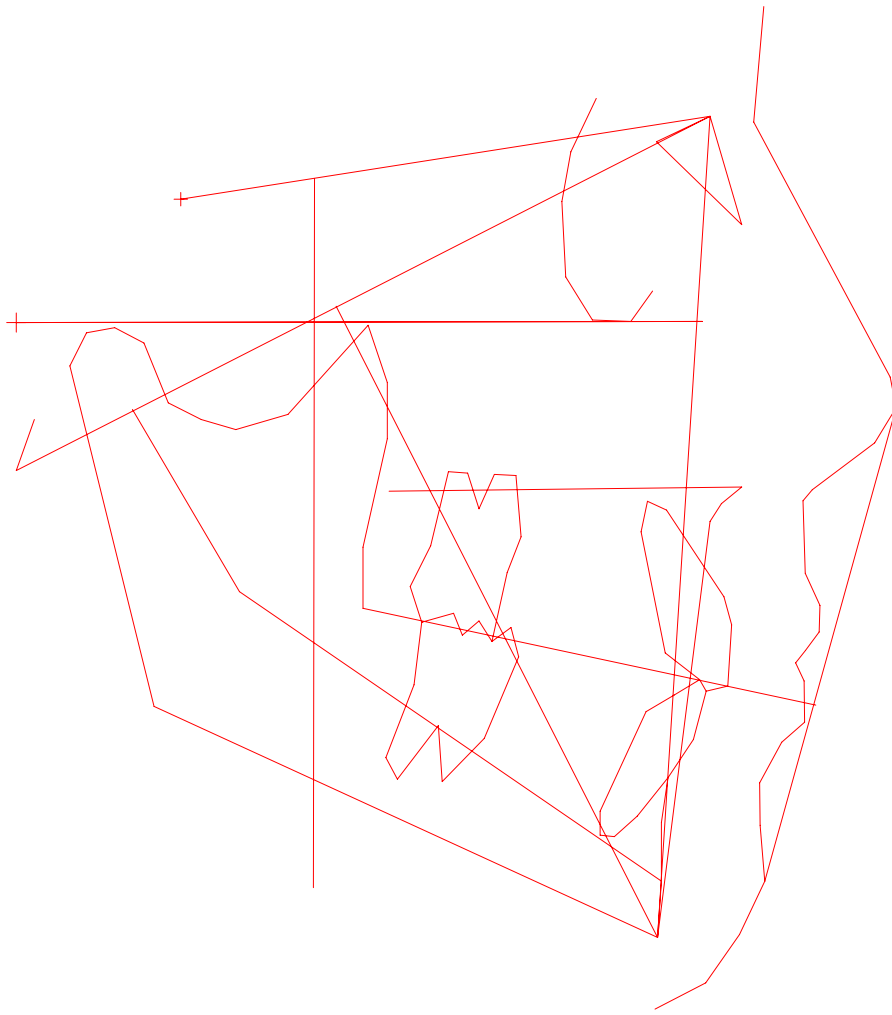
X: 07/12/2004 - R: 04/26/2011

MISSING PERMANENT TEETH

R ————— | ————— L

# VISUAL NORMS

RMO®



CASE: 7587 0550 1

H, M

DRS. D/B

F (CA) Caucasian

AGE: 8.5 SKEL: 9.0

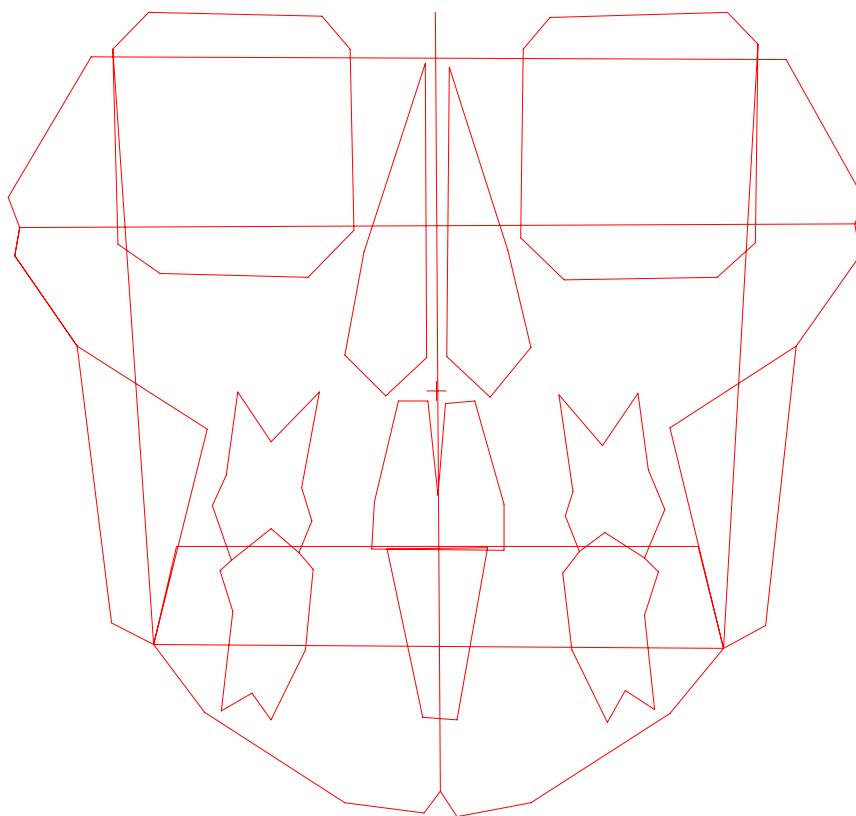
X: 07/12/2004 - R: 04/26/2011

MISSING PERMANENT TEETH

R ———— | ———— L

# VISUAL NORMS

RMO®



H, M RMO Case Number: 7587 0550 1 X-Ray date: 07/12/2004 Age: 8.5 Wrist: 9.0 Reference: C C D 1  
Drs. D/B RMO Run date: 04/26/2011 Birthdate: 01/16/1996 Sex: Female 1

C C D - O R T H O D O N T I C C O N D I T I O N S

LATERAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			
===== DENTAL RELATIONS =====			
01 Molar Relation	0.1 mm	-3.0 mm	1.0 *
03 Canine Relation	-1.1 mm	-2.0 mm	0.3
05 Incisor Overjet	4.7 mm	2.5 mm	0.9
07 Incisor Overbite	3.3 mm	2.5 mm	0.4
09 Mand Incisor Extrusion	2.4 mm	1.3 mm	0.6
#11 Interincisal Angle	138.3 dg	130.0 dg	1.4 *

===== DENTAL TO SKELETON =====

#18 A6 Molar Position to PTV	11.3 mm	11.5 mm	-0.1
#20 B1 to A-Po Plane	-0.1 mm	1.0 mm	-0.5
22 A1 to A-Po Plane	4.3 mm	3.5 mm	0.4
#24 B1 Inclination to A-Po	13.5 dg	22.0 dg	-2.1 **
26 A1 Inclination to A-Po	28.3 dg	28.0 dg	0.1
27 Occlusal Plane to Xi	2.8 mm	1.1 mm	0.6
28 Inclination of Occl Plane	17.8 dg	22.4 dg	-1.1 *
54 B1 Inclination to FH	73.4 dg	65.0 dg	1.7 *

===== ESTHETICS - Lips are open on X-Ray =====

29 Lower Lip to Esthetic Plane	-3.8 mm	-1.0 mm	-1.4 *
30 Upper Lip Length	23.9 mm	24.1 mm	-0.1
31 Lip Embrasure to Occl Plane	-1.4 mm	-3.0 mm	0.8
58 NasoLabial Angle	116.5 dg	115.0 dg	0.3

===== NASOPHARYNGEAL AIRWAY =====

62 N-S-Ba	127.1 dg	129.6 dg	-0.5
63 Ba-S-PNS	64.3 dg	63.0 dg	0.5
85 Airway Percent	50.7 %	54.0 %	-0.2
86 Linder-Aronson AD1	23.3 mm	21.8 mm	0.3
87 Linder-Aronson AD2	16.6 mm	17.1 mm	-0.1
88 Distance PTV to Adenoid	7.7 mm	9.0 mm	-0.3

FRONTAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			
===== DENTAL RELATIONS =====			
02 Molar Relation Left (A6-B6)	-0.2 mm	1.5 mm	-0.8
04 Molar Relation Right (A6-B6)	-0.3 mm	1.5 mm	-0.9
#06 Intermolar Width (B6-B6)	58.1 mm	54.0 mm	2.1 **
08 Inter canine Width (B3-B3)	23.8 mm	24.6 mm	-0.2
#10 Denture Midline	0.9 mm	0.0 mm	0.6

===== DENTAL TO SKELETON =====

19 B6 to J-Ag Left	3.6 mm	5.1 mm	-0.9
21 B6 to J-Ag Right	4.7 mm	5.1 mm	-0.3
#23 Denture to Jaw Midlines	-0.9 mm	0.0 mm	-0.6
25 Occlusal Plane Tilt	0.4 mm	0.0 mm	0.2

H, M RMO Case Number: 7587 0550 1 X-Ray date: 07/12/2004 Age: 8.5 Wrist: 9.0 Reference: C C D 2  
Drs. D/B RMO Run date: 04/26/2011 Birthdate: 01/16/1996 Sex: Female 1

C C D - S K E L E T A L C O N D I T I O N S

LATERAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			
===== SKELETAL RELATIONS =====			
#13 Convexity	2.9 mm	3.4 mm	-0.3
#15 Lower Facial Height	41.1 dg	45.0 dg	-1.0 *
84 Present Patient Height	53.0 in	52.5 in	
91 Posterior face height	68.3 mm		
92 Anterior face height	104.2 mm		
93 Posterior/Anterior ratio	65.5 %		
94 Saddle Angle	117.7 dg	123.0 dg	-1.8 *
96 Condylion-A point	83.6 mm	86.6 mm	-0.8
97 Condylion-Gnathion	105.7 mm	101.7 mm	0.8
95 Max-Mand Differential	22.1 mm	20.5 mm	0.4
98 Menton-ANS	60.6 mm	60.5 mm	0.0

JAW TO CRANIUM

#32 Facial Depth	90.8 dg	86.4 dg	1.4 *
#34 Facial Axis	91.7 dg	90.0 dg	0.5
#36 Maxillary Depth	94.0 dg	90.0 dg	1.3 *
37 Maxillary Height	53.6 dg	52.9 dg	0.2
38 Palatal Plane to FH	3.1 dg	1.0 dg	0.6
#39 Mandibular Plane to FH	20.9 dg	26.2 dg	-1.2 *
77 Ba-N-A	66.1 dg	63.0 dg	1.0 *
76 S-N-A	84.1 dg	82.0 dg	0.7
78 S-N-B	81.0 dg	80.0 dg	0.3
69 A-N-B Difference	3.1 dg	2.0 dg	0.4
75 Total Facial Height	54.1 dg	60.0 dg	-2.0 **

INTERNAL STRUCTURE

40 Cranial Deflection	29.8 dg	27.0 dg	0.9
42 Cranial Length Anterior	54.5 mm	55.4 mm	-0.4
44 Ramus Height (CF-Go)	55.6 mm	55.0 mm	0.2
46 Ramus Xi Position	75.5 dg	76.0 dg	-0.2
48 Porion Location (Por to PTV)	-40.0 mm	-39.2 mm	-0.4
#50 Mandibular Arc	33.9 dg	25.9 dg	2.0 **
51 Corpus Length	64.9 mm	65.2 mm	-0.1

FRONTAL BEFORE TREATMENT

FACTOR	MEASURED VALUE	CLINICAL NORM	CLINICAL DEVIATIONS FROM NORM
# - Appears on tracing			
===== SKELETAL RELATIONS =====			
#14 Max-Mand Width Left	-11.9 mm	-10.1 mm	-1.2 *
#16 Max-Mand Width Right	-10.6 mm	-10.1 mm	-0.4
17 Max-Mand Midline	-1.0 dg	0.0 dg	-0.5

JAW TO CRANIUM

33 Postural Symmetry	-2.4 dg	0.0 dg	-1.2 *
#45 Maxillary Width (J-J)	60.0 mm	61.7 mm	-0.8
#47 Mandibular Width (AG-GA)	74.1 mm	75.6 mm	-0.7

INTERNAL STRUCTURE

#41 Nasal Width	23.9 mm	24.9 mm	-0.5
43 Nasal Height	44.2 mm	44.1 mm	0.0
49 Facial Width	115.4 mm	114.8 mm	0.3

H M RMO Case Number: 7587 0550 1 X-Ray date: 07/12/2004 Age: 8.5 Wrist: 9.0 Reference: I N F O  
Drs. D/B RMO Run date: 04/26/2011 Birthdate: 01/16/1996 Sex: Female 1

P A T I E N T I N F O R M A T I O N

===== NAME =====

Patient name: H, M  
Doctor name: D/B  
Age: 8.5  
X-Ray date: 07/12/2004  
RMO Case Number:  
RMO Run date: 04/26/2011

===== MISSING PERMANENT TEETH =====

R -----+----- L  
          |          |

===== HEIGHT PREDICTION =====

Wrist film age: 9.0  
Current height: 53.0 inches  
Amount of adult growth achieved: 82.7 %  
Expected adult height: 64.1 inches

===== AIRWAY ANALYSIS =====

If the patient is clinically diagnosed  
as a mouthbreather, observed mouthbreathing  
is probably not caused by adenoid blockage  
of the airway.

===== BOLTON ANALYSIS =====

Bolton 6 ratio: 0.778  
Bolton 12 ratio: 0.919

S I G N I F I C A N T C O N S I D E R A T I O N S

CONDITION CCD FACTORS

===== HORIZONTAL =====

Class II malocclusion 1

===== VERTICAL =====

Skeletal Deep Bite 15  
due to the mandible & palate 39

===== TRANSVERSE =====

Md arch wide compared to jaw 19,21,47

===== SYMMETRY =====

===== SPECIAL CONSIDERATIONS =====

===== COMMENTS =====

Skeletal age: 9.00 years

CASE: 7587 0550 1

H, M

DRS. D/B

F (CA) Caucasian

AGE: 8.5 SKEL: 9.0

X: 07/12/2004 - R: 04/26/2011

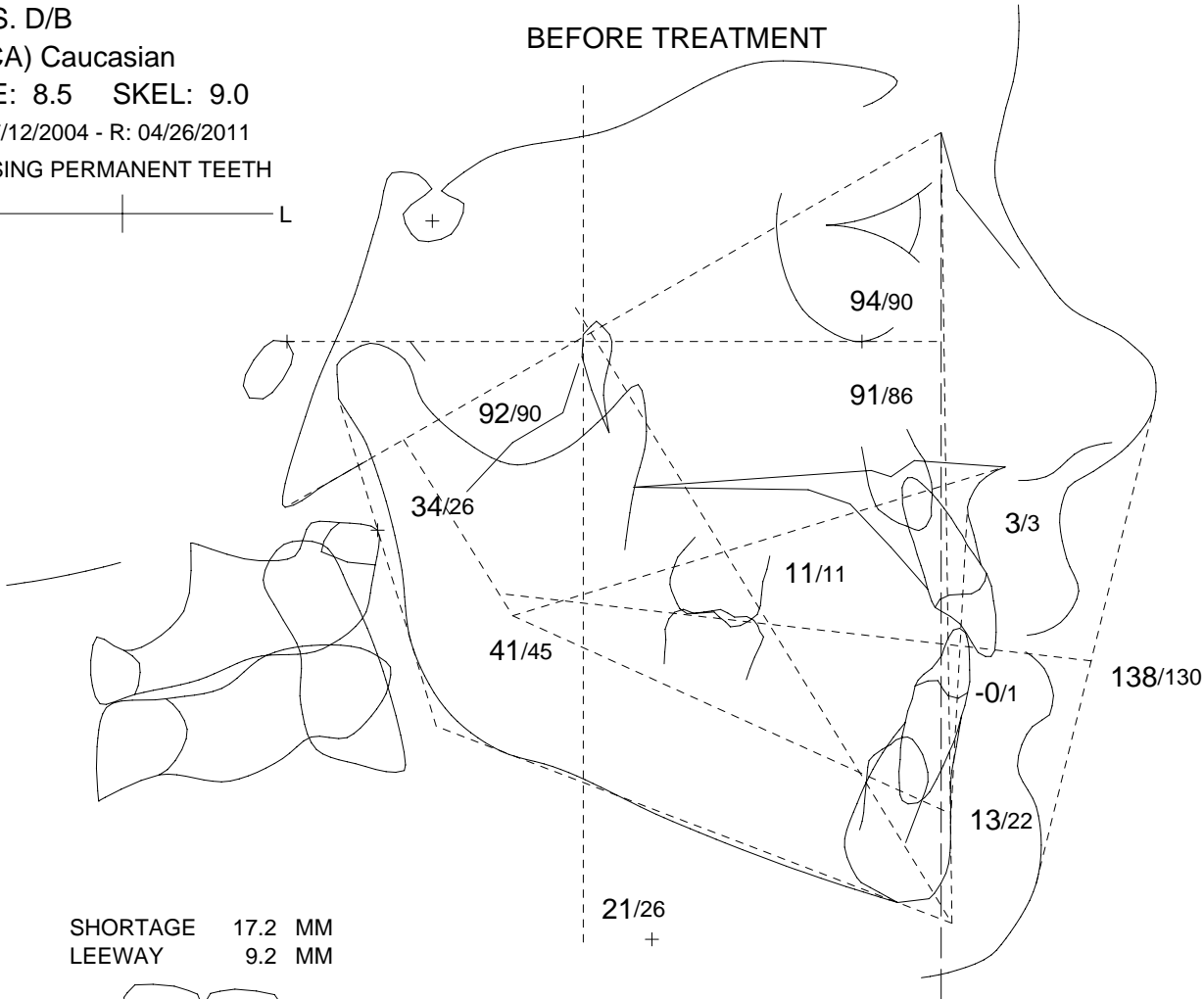
MISSING PERMANENT TEETH

R ————— L

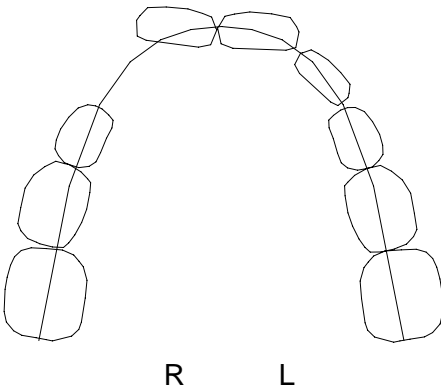
# TRACING

RMO®

BEFORE TREATMENT



SHORTAGE 17.2 MM  
LEEWAY 9.2 MM



MEASURED VALUE/NORM

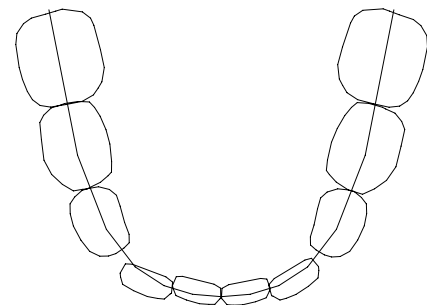
## SIGNIFICANT CONSIDERATIONS

CONDITION	REASON
Class II malocclusion Skeletal Deep Bite Adenoid blockage of the airway?	due to the mandible & palate Probably not

## FACIAL PATTERN: MILD BRACHYFACIAL

# FACTORS	MEASURED VALUE	NORM	CLINICAL DEVIATION
Interincisal Angle	138.3 dg	130.0 dg	1.4 *
Convexity	2.9 mm	3.4 mm	-0.3
Lower Facial Height	41.1 dg	45.0 dg	-1.0 *
A6 Molar Position to PTV	11.3 mm	11.5 mm	-0.1
B1 to A-Po Plane	-0.1 mm	1.0 mm	-0.5
B1 Inclination to A-Po	13.5 dg	22.0 dg	-2.1 **
Facial Depth	90.8 dg	86.4 dg	1.4 *
Facial Axis	91.7 dg	90.0 dg	0.5
Maxillary Depth	94.0 dg	90.0 dg	1.3 *
Mandibular Plane to FH	20.9 dg	26.2 dg	-1.2 *
Mandibular Arc	33.9 dg	25.9 dg	2.0 **

SHORTAGE 13.6 MM  
LEEWAY 7.0 MM



CASE: 7587 0550 1

H, M

DRS. D/B

F (CA) Caucasian

AGE: 8.5 SKEL: 9.0

X: 07/12/2004 - R: 04/26/2011

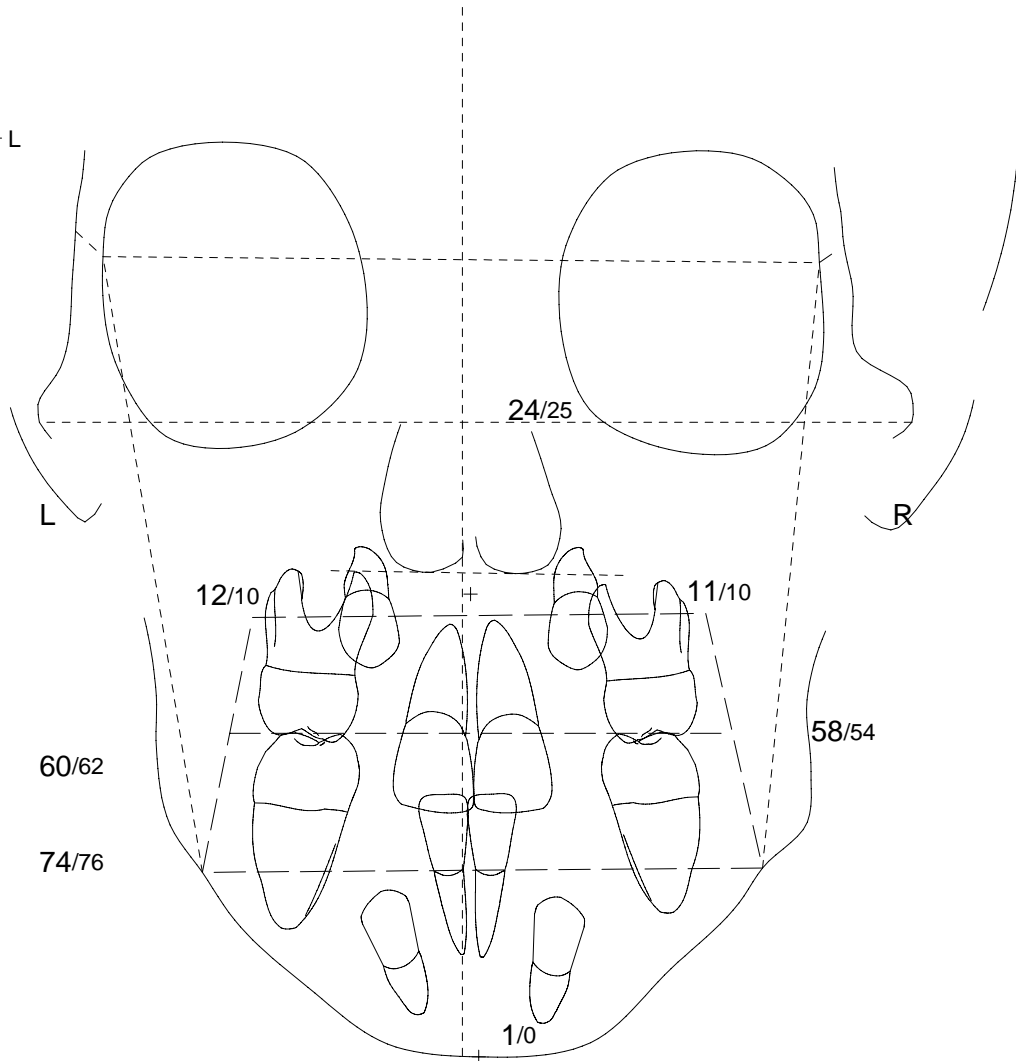
MISSING PERMANENT TEETH

R ————— L

# TRACING

# RMO®

## BEFORE TREATMENT



### MEASURED VALUE/NORM

SIGNIFICANT CONSIDERATIONS			
CONDITION	REASON		
Md arch wide compared to jaw			
FACIAL PATTERN: MILD BRACHYFACIAL			
# FACTORS	MEASURED VALUE	NORM	CLINICAL DEVIATION
Intermolar Width (B6-B6)	58.1 mm	54.0 mm	2.1 **
Denture Midline	0.9 mm	0.0 mm	0.6
Max-Mand Width Left	-11.9 mm	-10.1 mm	-1.2 *
Max-Mand Width Right	-10.6 mm	-10.1 mm	-0.4
Denture to Jaw Midlines	-0.9 mm	0.0 mm	-0.6
Nasal Width	23.9 mm	24.9 mm	-0.5
Maxillary Width (J-J)	60.0 mm	61.7 mm	-0.8
Mandibular Width (AG-GA)	74.1 mm	75.6 mm	-0.7

H, M RMO Case Number: 7587 0550 1 X-Ray date: 07/12/2004 Age: 8.5 Wrist: 9.0 Reference: G T N  
Drs. D/B RMO Run date: 04/26/2011 Birthdate: 01/16/1996 Sex: Female 1

===== G U I D E T O A L T E R N A T I V E T R E A T M E N T P L A N N I N G =====

Facial Pattern 0.9 C.D. Probability of Lower Third Molar  
Vertical Description MILD BRACHYFACIAL Impaction Eruption Eruption  
Questionable Functional  
Auxiliary Appliances Headgear NOT INDICATED 60.% 37.% 3.%  
Activator NOT INDICATED  
Palate Separation INDICATED  
Convexity Objective Reduce 0.0 mm

Lower Arch Length Discrepancy (original arch) 6.6 mm Shortage  
Including useable leeway (E) space

* * * L O W E R A R C H * * *	Required Tooth Movement	Effect on Arch Length	Resulting Discrepancy
Lower Incisor to Ideal	Lt: 1.3 mm Fwd. Rt: 1.5 mm Fwd.	2.7 mm Increase	3.9 mm Shortage
Buccal Expansion to Ideal Arch Form		0.1 mm Increase	3.8 mm Shortage
Incisors & Convexity to Cephalometric Limit	2.9 mm Fwd.	5.8 mm Increase	2.0 mm Excess
Lower Molar Distal Movement	0.0 mm	0.0 mm Increase	Not Req'd

\* \* \* U P P E R A R C H \* \* \*  
Movement of First Molar (non-ext.) Required for Class I 1.0 mm Distal  
Resulting Expected Space for 2nd & 3rd Molars at Maturity (non-ext.) 17.9 mm  
Required Space for 2nd Molars 9.0 mm to 11.0 mm  
Required Space for 2nd & 3rd Molars 18.0 mm to 22.0 mm

\*\*\* Indicated Treatment using Dr's Personalized Decision Program \*\*\*  
Upper Arch NON-EXTRACTION  
Lower Arch NON-EXTRACTION  
Lower Incisor Forward 3.2 mm  
Buccal Expansion Gain 0.1 mm  
Lower Molar Movement Forward 0.9 mm

Teeth Sizes:	L6	L5	L4	L3	L2	L1	R1	R2	R3	R4	R5	R6	TOTAL	SUM OF INCISOR	NORM
Upper Arch :	12.1	7.5	7.7	8.8	8.6	10.8	10.7	8.6	8.8	7.7	7.5	12.1	111.0	38.7 MM	N/A
Lower Arch :	12.5	8.4	8.2	8.0	7.3	6.6	6.6	7.3	8.0	8.2	8.4	12.5	102.0	27.8 MM	22.5



H, M RMO Case Number: 7587 0550 1 X-Ray date: 07/12/2004 Age: 8.5 Wrist: 9.0 Reference: W R N  
Drs. D/B RMO Run date: 04/26/2011 Birthdate: 01/16/1996 Sex: Female 1

W O R K U P

R A T I O N A L E

===== ORIGINAL CONDITION =====

===== REASONS FOR LOWER ARCH DECISION =====

Facial pattern: 0.9 CD - Mild Brachyfacial  
Lower arch form: Normal

Mandibular Arch Length Analysis

Missing permanent teeth: R -----+----- L

1. Initial Conditions
  - A. Original Arch Length 13.6 mm shortage
  - B. Useable Leeway Space 7.0 mm
  - C. Total Initial Discrepancy(A+B) 6.6 mm shortage

Lower arch length discrepancy (ALD) 13.6 mm SHORTAGE  
Leeway space 9.0 mm ---  
Maximum use of leeway space 7.0 mm  
Total arch length discrepancy 6.6 mm SHORTAGE

2. Maximum Permissible Arch Length Increase(Within Doctor Limits)  
Due To:
  - D. Lower Incisor Repositioning 8.5 mm increase
  - E. Buccal Expansion 0.1 mm increase
  - F. Lower Molar Distal Movement 0.0 mm
  - G. Total Possible Increase (D+E+F) 8.6 mm increase

===== COMPUTER DECISION =====  
based on Drs. Doyle/Baker's individualized standards

3. Resultant Arch Length Discrepancy 2.0 mm excess  
Considering All Possible Arch Length Increases (C+G)
4. Resultant Computer Decision Non-Extraction
5. Work-Up Presented Is NON-EXTRACTION

UPPER ARCH: NON-EXTRACTION

Convexity change NONE

===== REASONS FOR UPPER ARCH DECISION =====

LOWER ARCH: NON-EXTRACTION

Lower incisor FORWARD 3.2 mm  
Buccal Expansion GAIN 0.1 mm  
Lower molar FORWARD 0.9 mm

Extracted teeth  
R -----+----- L

1. Convexity change 0.0 mm
2. Upper incisor tip movement for overbite/overjet ideal to lower 0.7 mm forward
3. First molar movement required 2.1 mm backward
4. First molar movement clinical limit 7.0 mm backward
5. Work-Up Presented Is NON-EXTRACTION

===== AUXILIARY APPLIANCES =====

Activator: NOT INDICATED  
Palate separation: INDICATED  
Headgear: NOT INDICATED

===== COMMENTS =====

Pentamorphic arch form: Normal  
Arch length relapse: 2.4 mm

Skeletal age: 9.00 years

Lower third molar probabilities  
(based on space available)

Impaction: 60 %  
Marginal: 37 %  
Functional: 3 %

H, M  
7587 0550 1

F 8.5 / 9.0

SEQUENCES WORKSHEET  
PHASE I TREATMENT

04/26/2011  
NON-EXTRACTION

RMO®

ACTIVITY	UPPER ARCH DESCRIPTION	MONTHS	NOTES	ACTIVITY	LOWER ARCH DESCRIPTION	MONTHS	NOTES
	PALATAL EXPANSION	0			DISTAL 6 ADVANCE INCISORS	0	
		1				1	
		0				0	
	DISTALIZE 6 INTRUDE 1	2				2	
		0				0	
		3				3	
		0				0	
		4				4	
		0				0	
		5				5	
		0				0	
		6				6	
		0				0	
		7				7	
		0				0	
		8				8	
		0				0	
		9				9	
		1				1	
		0				0	
		1				1	
		1				1	
		1				1	
		2				2	
		1				1	
		3				3	
		1				1	
		4				4	
		1				1	
		5				5	
		1				1	
		6				6	
		1				1	
		7				7	
		1				1	
		8				8	
		1				1	
		9				9	
		2				2	
		0				0	
		2				2	
		1				1	
		2				2	
		2				2	
		2				2	
		3				3	
		2				2	
		4				4	

POST TX  
RECORDS

POST TX  
RECORDS

H, M  
7587 0550 1

F 8.5 / 9.0

SEQUENCES WORKSHEET  
PHASE II TREATMENT

04/26/2011  
NON-EXTRACTION

RMO®

UPPER ARCH				LOWER ARCH				
ACTIVITY	DESCRIPTION	MONTHS	NOTES	ACTIVITY	DESCRIPTION	MONTHS	NOTES	
	RETRACT 4 AND/OR 5	0 1			RETRACT 4 AND/OR 5 RETRACT 3	0 1		
		0 2					0 2	
		0 3					0 3	
		0 4					0 4	
	ALIGN/LEVEL BUCCAL SEGS	0 5				ALIGN/LEVEL BUCCAL SEGS	0 5	
		0 6					0 6	
		0 7					0 7	
	IDEAL ARCH	0 8				IDEAL ARCH	0 8	
		0 9					0 9	
		1 0					1 0	
	1 1				1 1			
	1 2				1 2			
	1 3				1 3			
	1 4				1 4			
	1 5				1 5			
	1 6				1 6			
	1 7				1 7			
	1 8				1 8			
	1 9				1 9			
	2 0				2 0			
	2 1				2 1			
	2 2				2 2			
	2 3				2 3			
	2 4				2 4			
	FINAL ARCH				FINAL ARCH			

PROGRESS  
RECORDS

PROGRESS  
RECORDS

POST TX  
RECORDS

POST TX  
RECORDS

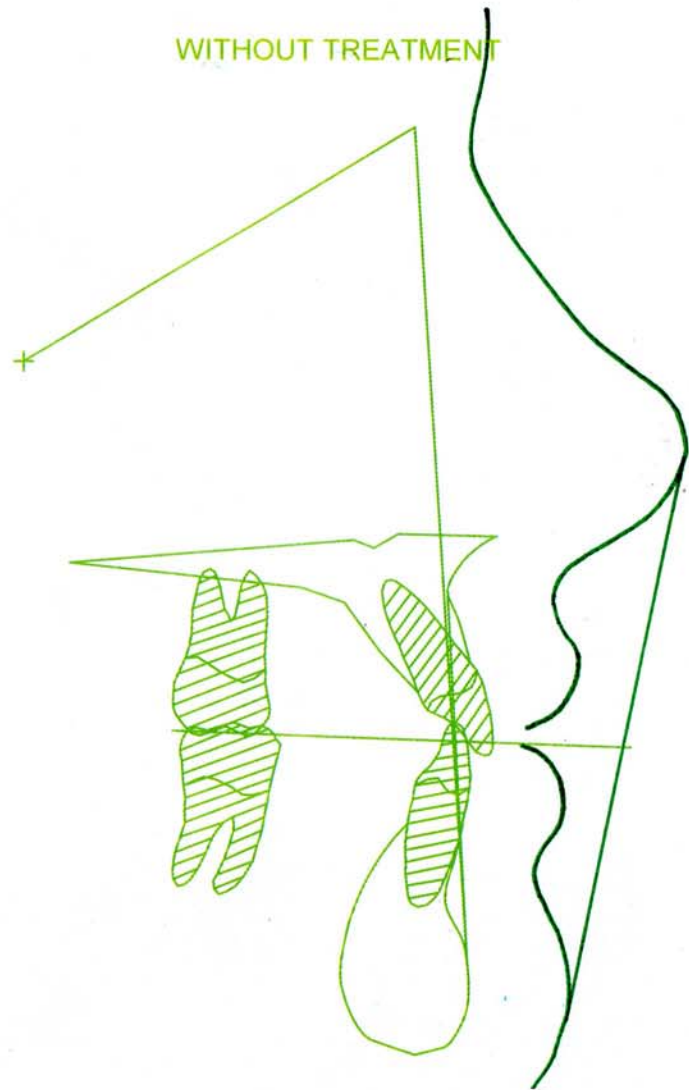


7587 0550 1  
H , M  
F 8.5 / 9.0

# LONG RANGE GROWTH FORECAST COMPARISON RMO®

NON-EXTRACTION

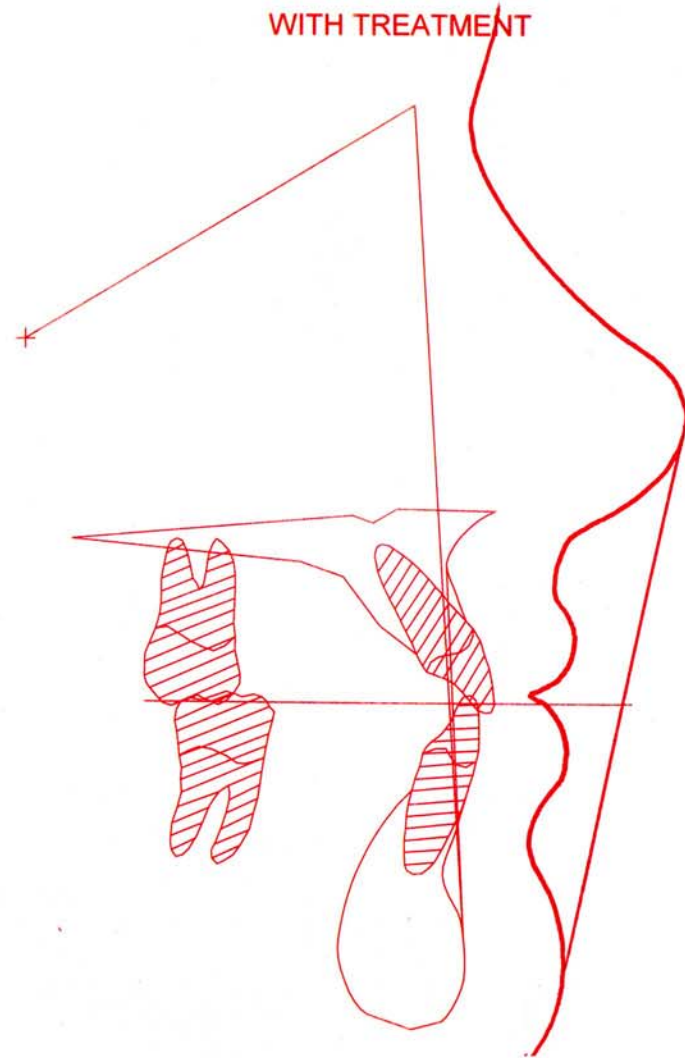
04/26/2011



## LOWER THIRD MOLAR PROBABILITIES (BASED ON SPACE AVAILABLE)

IMPACTION: 52 %  
MARGINAL: 43 %  
FUNCTIONAL: 5 %

CURRENT HEIGHT: 53.0 IN  
EXPECTED MATURE HEIGHT: 64.1 IN



## LOWER THIRD MOLAR PROBABILITIES (BASED ON SPACE AVAILABLE)

IMPACTION: 60 %  
MARGINAL: 37 %  
FUNCTIONAL: 3 %

ARCH LENGTH DECREASE POST TX  
2.4 MM TOTAL

7587 0550 1  
 H, M  
 F 8.5 / 9.0

# NON-EXTRACTION TREATMENT DESIGN

RMO®

04/26/2011

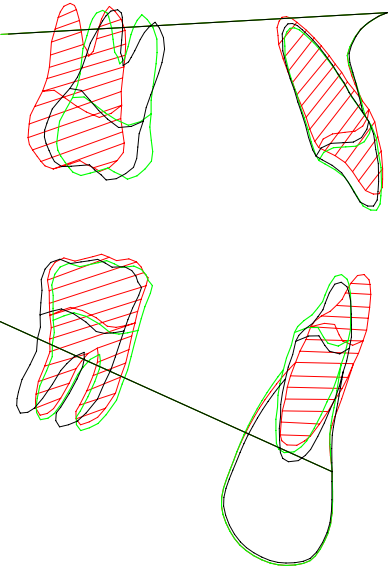
EXTRACT R  L

MAXILLARY CHANGE

CHANGE IN MAXILLARY TEETH

PT. A MOVEMENT NONE 0.0 MM

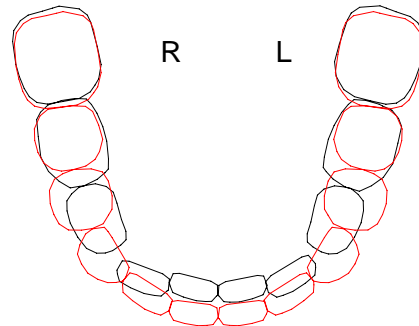
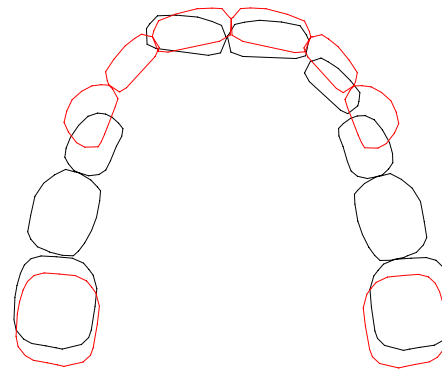
UPPER MOLAR CHANGE



CHANGE IN MANDIBULAR TEETH

LOWER INCISOR	FWD(LT)	3.2	MM
LOWER MOLAR	FWD	0.9	MM

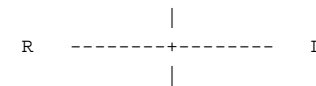
MANDIBULAR GROWTH



## WORKUP PRESENTED

Upper arch: NON-EXTRACTION  
 Lower arch: NON-EXTRACTION

## MISSING PERMANENT TEETH



## COMMENTS

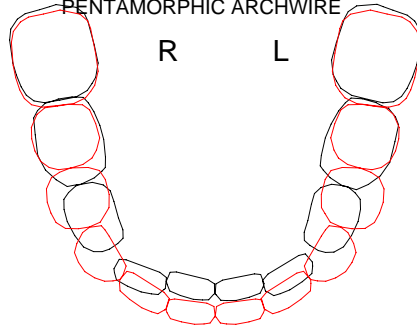
Skeletal age: 9.00 years

— ORIGINAL  
 — GROWTH W/O TREATMENT  
 — TREATMENT OBJECTIVE

# NON-EXTRACTION MINI VTO

7587 0550 1  
 H, M  
 F 8.5 / 9.0  
 04/26/2011

SUGGEST  
 NORMAL  
 RMO PREFORMED  
 PENTAMORPHIC ARCHWIRE



TOTAL ARCH LENGTH DISCREPANCY  
 6.6 MM SHORTAGE

RMO®

KEY FACTORS

VERTICAL DESCRIPTION

EXTRACT

R ——— | ——— L

DATE \_\_\_\_\_

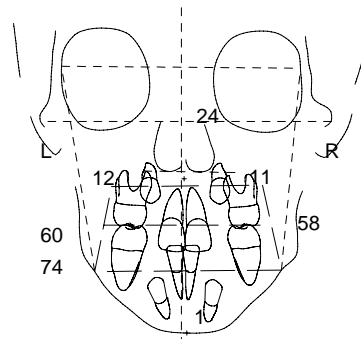
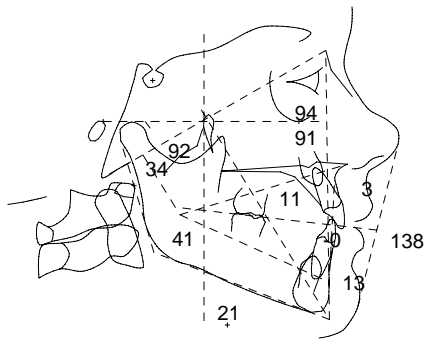
DR \_\_\_\_\_  
 DR ORDERED \_\_\_\_\_

EXTRACT

R ——— | ——— L

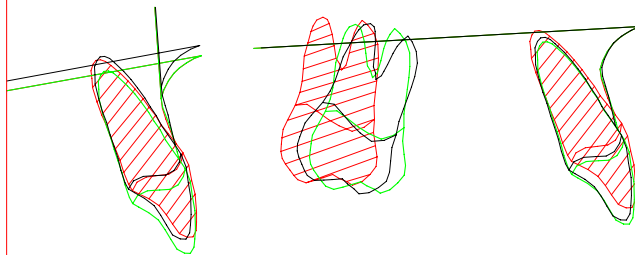
DATE \_\_\_\_\_

DR \_\_\_\_\_  
 DR ORDERED \_\_\_\_\_



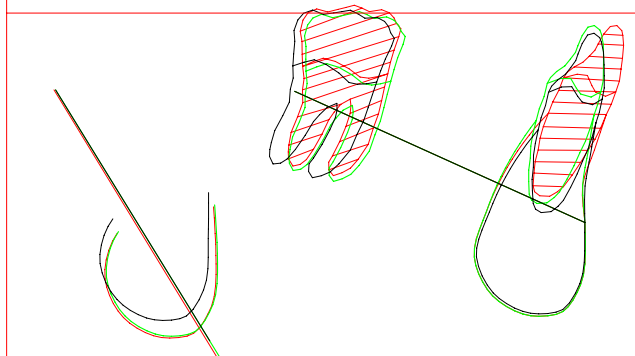
MAXILLARY CHANGE

CHANGE IN MAXILLARY TEETH



MANDIBULAR GROWTH

CHANGE IN MANDIBULAR TEETH



TX NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

April 26, 2011

RMODS Case #: 7587 0550 1  
Patient: H, M

Non-extraction  
Letter: ( 5)

Dear DRS. D/B:

The enclosed workup calls for significant distal movement of the upper molar with minimal convexity reduction. Convexity reduction in this case could have adverse affects on the profile.

We have done our best to provide you with comprehensive diagnostic information and a simulation of the likely treatment outcome. Clinical evaluation of the possibility of upper second molar impaction is advised.

While a variety of approaches may be taken, some of the possibilities include:

- 1) Light force headgear (which may cause some change at point A)
- 2) Approaches using coil springs (e.g., Wilson distalizing modules)
- 3) Upper arch extraction of bicuspids or second molars

The chosen alternative will probably not affect the remainder of the diagnosis.

If you have interesting solutions to similar cases, please let us know; other clinicians may be interested to try them.

We appreciate the opportunity to be of service to you. If you have any questions, please contact one of our technical representatives.



April 26, 2011

## TERMS AND CONDITIONS

1. This order is subject to acceptance by RMO, Inc. Diagnostic Services (“RMO”). Upon acceptance, this order becomes a binding contract on the terms and conditions set forth herein, which shall be governed by the laws of the State of Colorado. The Doctor/Buyer hereby submits to the jurisdiction of the courts of the State of Colorado to resolve any dispute related to this contract.
2. Exclusion of Warranties:  
The following statements are applicable to the products or services provided:
  - a) Tracing of the cephalometric head films is subject to personal interpretation and is dependant upon the clarity of the head film furnished by the Doctor/Buyer;
  - b) Growth forecasts are statements of expectation. Individuals may differ greatly from forecasted values;
  - c) Cephalometrics is a tool which does not constitute a complete diagnosis; and
  - d) The materials and information provided by RMO constitute an aid to the qualified clinician, not a diagnosis or treatment plan. Only a qualified clinician can develop a complete diagnosis and treatment plan.

RMO HEREBY DISCLAIMS ANY AND ALL WARRANTIES AS TO THE ACCURACY OF ANY TRACING, GROWTH FORECAST, OR TREATMENT, AND MAKES NO OTHER WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED, APPLICABLE TO THE PRODUCTS OR SERVICES COVERED BY THIS CONTRACT. RMO SPECIFICALLY DISCLAIMS ANY WARRANTY OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE APPLICABLE TO THE PRODUCTS OR SERVICES COVERED BY THIS CONTRACT. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF.

3. The Doctor/Buyer bears all responsibility for final diagnosis and the results of treatment.
4. Services are performed in compliance with applicable State and Federal laws; including the applicable provisions of the Fair Labor Standards Act, as amended, and of regulations and orders issued thereunder.
5. No liability shall result from delay in performance, or nonperformance, caused by circumstances beyond the control of the party affected; including, but not limited to, an act of God, fire, flood, war, government action, labor trouble, and the like.

RMO furnishes the materials and information to the Doctor/Buyer based upon representations made to RMO by the Doctor/Buyer that he/she is a “qualified clinician”, i.e. that he/she has the requisite knowledge and experience to utilize this aid properly in developing a complete diagnosis and treatment plan.