

Civic registration number:					
Last name:			First name:		
<input type="checkbox"/> Q36.9	Q36.0				
Age at registration:	<input type="checkbox"/> 5 y	<input type="checkbox"/> 10 y	<input checked="" type="checkbox"/> 16 y	<input type="checkbox"/> 19 y	<input type="checkbox"/> 1y p-o
Date at registration:					
Bone grafting:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Orthodontics before bonegraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Bergland index</b> <i>(Bone level in the cleft area estimated in relation to the root length of the tooth mesial of the cleft.)</i>					
Right side:	<input type="checkbox"/> Normal bonelevel	<input type="checkbox"/> $\geq 3/4$	<input type="checkbox"/> $< 3/4$	<input type="checkbox"/> bone missing	<input type="checkbox"/> Not applicable
Left side:	<input type="checkbox"/> Normal bonelevel	<input type="checkbox"/> $\geq 3/4$	<input type="checkbox"/> $< 3/4$	<input type="checkbox"/> bone missing	<input type="checkbox"/> Not applicable