

Esthetic Evaluation

Patient _____ Examiner _____ Date ____ / ____ / ____

1. Effective Questions (E.Q.)

A. If there was anything you could change about your smile, what would it be?

B. Do you like the Media Image of "Perfectly Straight, White" looking teeth, or are you content with "Healthy, Clean, Natural" looking teeth?

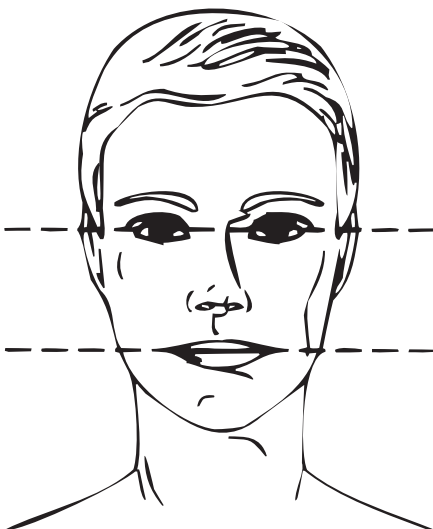
Media Image Natural Looking

C. History of esthetic change.

D. Previous Records...

Do you have any previous photographs of your smile to aid in your Esthetic Treatment Planning?

Yes No



2. Facial Analysis

A. Full Smile

1. Interpupillary Line to Occlusal Plane

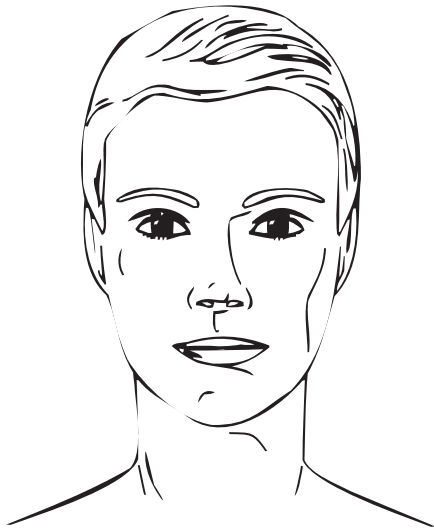
Parallel Canted Right Canted Left

2. Midline Relationship of Teeth (Central Incisor) to Face (Philtrum)

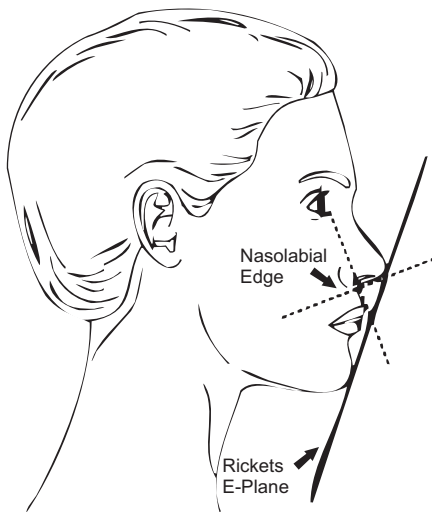
Symmetric Right of Center Left of Center

3. Relationship of Lips to Face (Lip Symmetry)

Symmetric Right Left



- A. Lips at Rest
1. Upper Lip
 Full Average Thin
 2. Lower Lip
 Full Average Thin
 3. Lips
 Prominent Retruded
 4. Tooth Exposure at Rest
Upper _____ mm Lower _____ mm



- A. Profile
1. Nasolabial Angle
 Normal approximately 90°
 Prominent Maxilla $<90^\circ$
 Retruded Maxilla $>90^\circ$
 2. Ricketts E-Plane
Draw from Tip of Nose to Chin.
Measure Upper Lip to E-Plane and Lower Lip to E-Plane.
- Upper Lip 4mm to E-Plane
- Lower Lip 2mm to E-Plane
 WNL Convex Concave

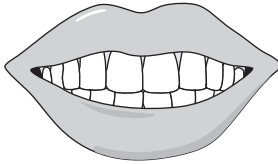
If Maxilla is prominent, Nasolabial angle is $<90^\circ$, or Profile is Convex... consider smaller, less dominant maxillary anterior restorations.

If Maxilla is retruded, Nasolabial angle is $>90^\circ$, or Profile is Concave... consider more dominant, labially placed maxillary anterior restorations.

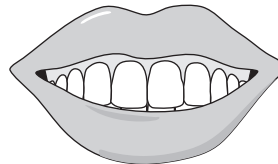
3. Dentofacial Analysis... Smile Type

A. Upper Lip

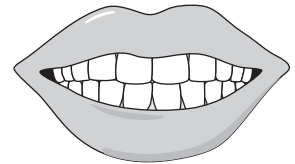
Average



High

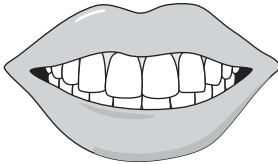


Low

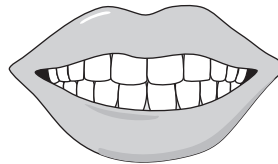


B. Incisal Edge to Lower Lip

Convex Curve



Straight

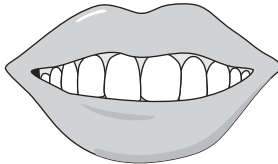


Reverse

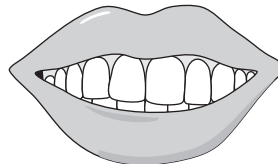


C. Tooth - Lower Lip Position

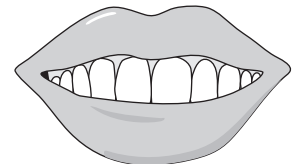
Touching



Not Touching

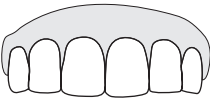


Slightly Covered

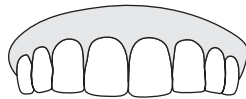


D. Full Smile... How many teeth are exposed?

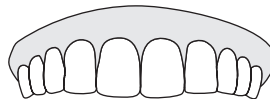
6



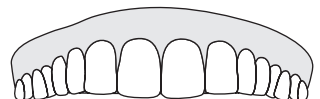
8



10

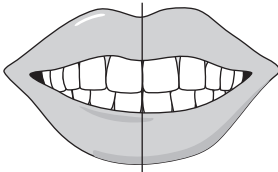


16

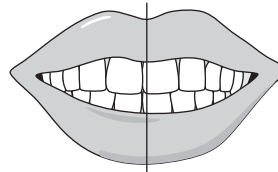


E. Midline... Relationship of Central Incisors to Philtrum

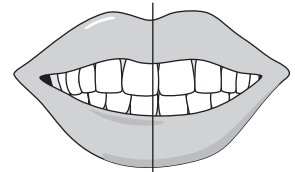
Center



Right of Center

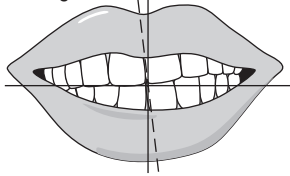


Left of Center

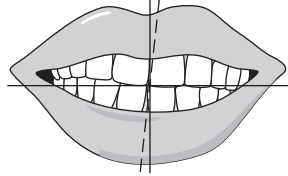


F. Midline... Skewing to Left or Right

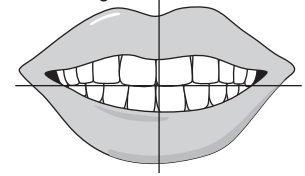
Right



Left

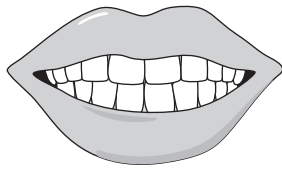


Straight



G. Bilateral Negative Space

Normal



Increased



H. Phonetics

1. F - V sounds... Incisal edge of maxillary centrals on wet / dry line of lower lip

Yes

No

2. S sound... Closest speaking space - clear sound

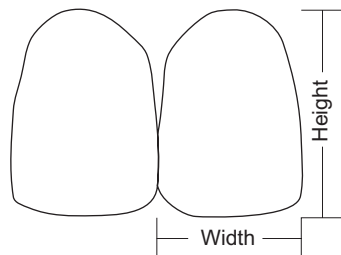
Yes

No

4. Dental Analysis

A. Proportion of Central Incisors

Measure with calipers



Width:Height (W:H) Ratio

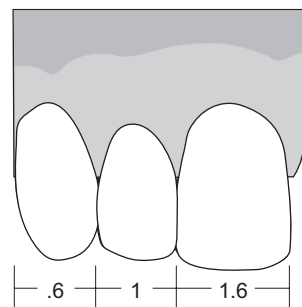
> 80%

< 80%

The ideal Width is 80% of the height

B. Proportions of Central to Lateral to Canine

Measure with calipers

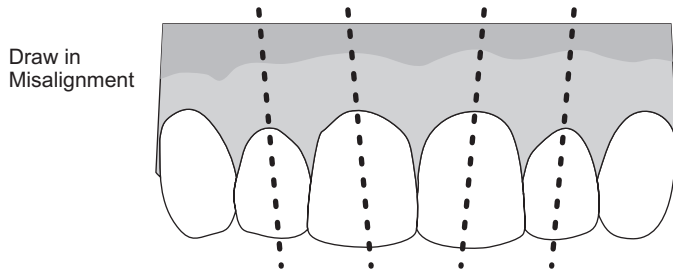


Central Width _____ mm

Lateral Width _____ mm

Cuspid Width _____ mm

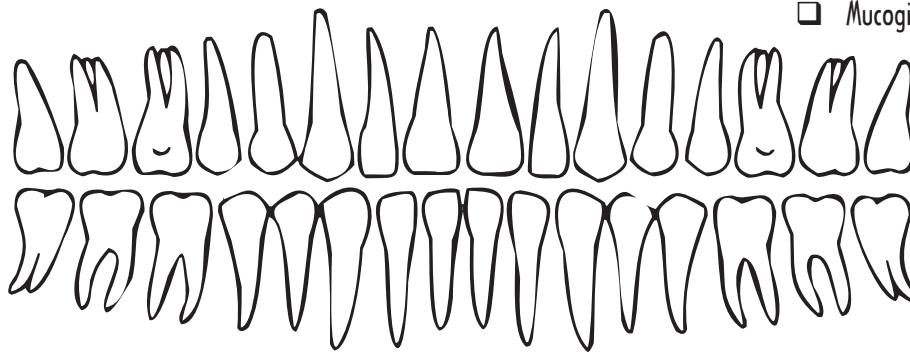
C. Axial Inclinations



D. Gingival & Tooth Characteristics

Draw in Clinical Height of Gingiva

- Gingival Assymetry
- Mucogingival Problem



5. Diagnostic Information

- | | | |
|---|------------------------------|-----------------------------|
| 1. Gingival height symmetry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 2. Dark Triangles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 3. Discoloured Gingiva (purple) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 4. Overcontoured Crowns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 5. Poor Crown Margins (open) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 6. Active Periodontal Problems (probings) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 7. Mobility and/or Furcation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |
| 8. Endodontic Lesion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Location _____ | | |

Esthetic Evaluation

- 9. Occlusion - wear facets/incisal wear Yes No
Location _____
- 10. Continuous progression from canine distally (coincidence of curves) Yes No
Location _____
- 11. Flared Teeth Yes No
Location _____
- 12. Diastema Yes No
Location _____
- 13. Overlapped Teeth Yes No
Location _____
- 14. Chipped Teeth Yes No
Location _____
- 15. Discoloured Teeth Yes No
Location _____
- 16. Surface Texture... Smooth Yes No
 Light Medium High

6. Diagnostic Information Checklist

- Esthetic Evaluation Form
- Study Casts... Diagnostic Wax-ups
- Computer Imaging or Similar Visualization Tool

7. Additional Notes

To order additional copies of the Esthetic Evaluation form, contact Source Dental Image Inc.

☎ (604) 535-8861 Fax (604) 535-7320