1) Effective Questions (E.Q.)

a) If there were 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:
__________________________________________________________________________
__________________________________________________________________________

2) Facial Analysis

a) Full Smile

i) Interpupillary line to occlusal plane
☐ Parallel ☐ Canted Right ☐ Canted Left

ii) Midline relationship of teeth (central incisor) to face (philtrum)
☐ Symmetric ☐ Right of center ☐ Left of center

iii) Relationship of lips to face (lip symmetry)
☐ Symmetric ☐ Right ☐ Left

iv) Shape of face
☐ Round ☐ Oval ☐ Rectangle ☐ Square

b) Lips at Rest

i) Upper lip
☐ Full ☐ Normal ☐ Thin

ii) Lower lip
☐ Full ☐ Normal ☐ Thin
iii) Lips
☐ Prominent ☐ Retruded ☐ Normal

iv) Tooth exposure at rest
Upper__________mm Lower__________mm
Overbite__________mm Overjet__________mm

Class of occlusion: I_____ II_____ Division _____ III _____

c) Profile

If maxilla is prominent, nasolabial angle is < 90°, or profile is convex; consider smaller, less dominant maxillary anterior restorations. Maxilla is retruded, nasolabial angle is > 90°, or profile is concave; consider more dominant, labially placed maxillary anterior restorations.

i) Nasolabial angle (wnl, obtuse, acute):______________________________________
   (NL male: 90-95°; NL female: 100-105°)

ii) Nose to chin plane (E plane)(wnl, convex, concave):_________________________
   (NL upper lip 4 mm behind, NL lower lip 2 mm behind plane)

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) Midline... Skewing to left or Right

- Right
- Left
- Straight

- 

- 

- 

- 

e) Bilateral Negative Space

- Normal
- Increased

- 

- 

- 

- 

f) Phonetics

i) Use “EEEEEE” sound for wide smile. How many teeth show? ______________.

ii) Use “S” sound to evaluate vertical dimension/freeway space______________.

iii) Use “F” sound to check length of maxillary incisors & labio-lingual tooth position

- 

- 

- 

- 

iv) Use “V” to check labio-lingual tooth position ____________________________.

4. Dental Analysis

a) Proportion of Central Incisors

- Width-Height (W: H) Ratio

-  >80%  

-  < 80%
b) Proportion of Central to Lateral to Canine

![Central, Lateral, and Cuspid Width Measurements][1]

Central Width________mm  
Lateral Width________mm  
Cuspid Width________mm

c) Axial Inclinations

![Axial Inclinations][2]  
Draw in Misalignment

5. Diagnostic Information

a. Gingival Height Symmetry  
   ☐ Yes  ☐ No ___________________________

b. Dark Triangles  
   ☐ Yes  ☐ No ___________________________

c. Diastema  
   ☐ Yes  ☐ No ___________________________

d. Discolored Gingiva (purple)  
   ☐ Yes  ☐ No ___________________________

e. Over Contoured Crowns  
   ☐ Yes  ☐ No ___________________________

f. Poor Crown Margins (open)  
   ☐ Yes  ☐ No ___________________________

g. Incisal Embrasures Progress  
   Distally  
   ☐ Yes  ☐ No ___________________________

h. Active Periodontal Problems  
   (probings)  
   ☐ Yes  ☐ No ___________________________

i. Mobility and/or Furcation  
   ☐ Yes  ☐ No ___________________________

j. Endodontic Lesion  
   ☐ Yes  ☐ No ___________________________

k. Occlusion – Wear Facets/incisal Wear  
   ☐ Yes  ☐ No ___________________________

l. Flared or Rotated Teeth  
   ☐ Yes  ☐ No ___________________________

m. Overlapped Teeth  
   ☐ Yes  ☐ No ___________________________

n. Chipped Teeth  
   ☐ Yes  ☐ No ___________________________

o. Discolored Teeth  
   ☐ Yes  ☐ No ___________________________

p. Surface Texture  
   ☐ Light  ☐ Medium ☐ High ______________

6. Diagnostic Information Checklist

☐ Study Casts Bite Registration  
☐ Diagnostic Wax-ups or Similar Visualization Tool  
☐ Computer Imaging or Similar Visualization Tool  
☐ NP Hygiene

7. Additional Notes:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

[secretarial/handouts/esthetic Eval.doc]