Patient Name: # Esthetic Evaluation Date: _____

Goldstein, Garber, Salama & Gribble

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:

_____

_____

_____

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

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

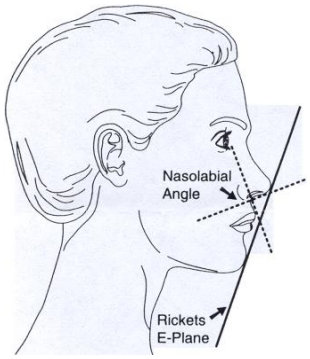
☐ Full ☐ Normal ☐ Thin

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, nasalobial 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˚)

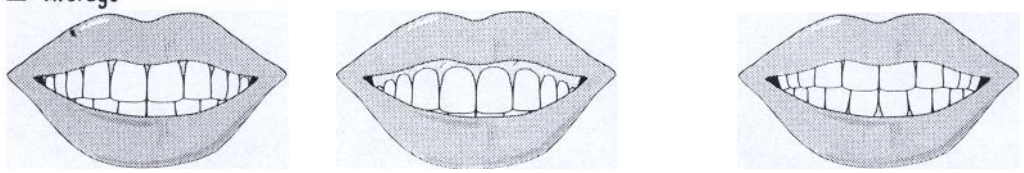
ii) Nose to chin plane (E plane)(wnl, convex, concave):_____
(NL upper lip 4 mm behind, NL lower lip 2 mm behind plane)

3. Dentofacial Analysis…Smile Type

a) Upper Lip

☐ High ☐ Low

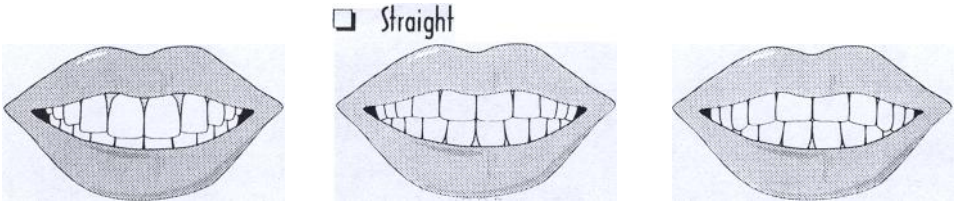
❑ Average



b) Incisal Edge to Lower Lip

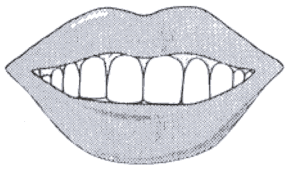
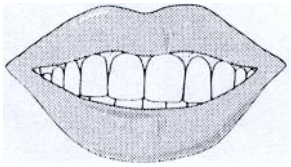
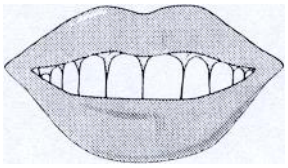
☐ Convex Curve ☐ Reverse

❑ Straight



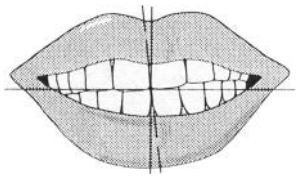
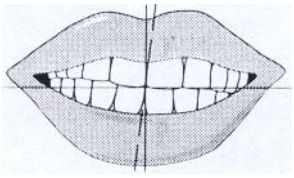
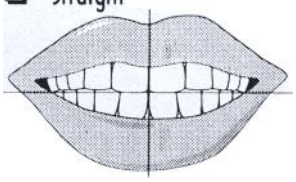
c) Tooth – Lower Lip Position

☐ Touching ☐ Not Touching ☐ Slightly Covered

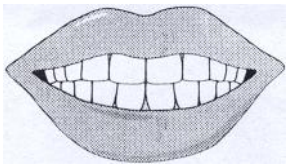
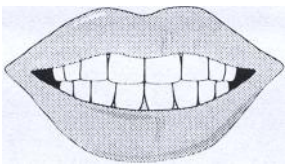
d) Midline... Skewing to left or Right

☐ Right ☐ Left ❑ Straight

e) Bilateral Negative Space

Normal ☐ Increased ☐

f) Phonetics

i) Use "EEEEEE" sound for wide smile. How many teeth show? _____.

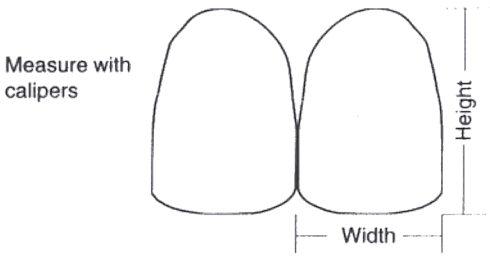
ii) Use "S" sound to evaluate vertical dimension/freeway space_____.

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

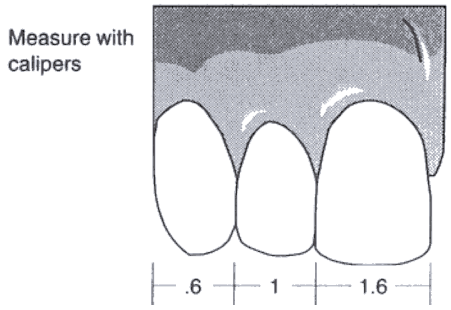
a) Proportion of Central Incisors



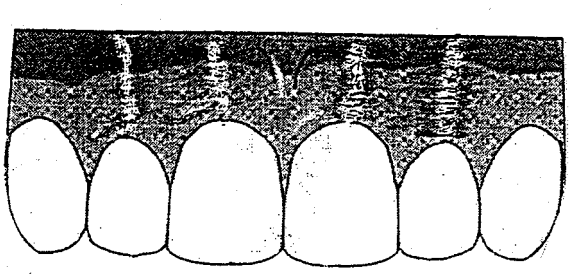
Width-Height (W: H) Ratio

☐ >80% ☐ < 80%

b) Proportion of Central to Lateral to Canine



Central Width_____mm
Lateral Width_____mm
Cuspid Width_____mm



c) Axial Inclinations

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:

_____

_____

_____