

# ESTHETIC CHECKLIST

Examiner \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_



PATIENT'S PHOTOGRAPH



PATIENT'S PHOTOGRAPH



PATIENT'S PHOTOGRAPH

**Esthetic self-evaluation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient's requests and expectations**

\_\_\_\_\_

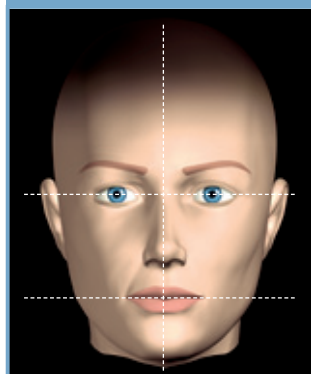
\_\_\_\_\_

\_\_\_\_\_

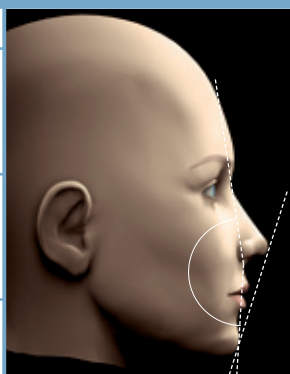
**Preferences**  White and aligned teeth \_\_\_\_\_  Teeth with slight irregularities \_\_\_\_\_

**Past records:** **Smile photo**  Yes  No **Study casts**  Yes  No **Radiographs**  Yes  No

## FACIAL ANALYSIS



<b>Interpupillary line vs horizon</b>	
Parallel <input type="checkbox"/>	Slanted <input type="checkbox"/> Rt _____ <input type="checkbox"/> Lt _____
<b>Commissural line vs horizon</b>	
Parallel <input type="checkbox"/>	Slanted <input type="checkbox"/> Rt _____ <input type="checkbox"/> Lt _____
<b>Facial midline</b>	
Centered <input type="checkbox"/>	Deviated <input type="checkbox"/> Rt _____ <input type="checkbox"/> Lt _____



<b>Profile</b>	
<input type="checkbox"/> Normal	
<input type="checkbox"/> Convex	
<input type="checkbox"/> Concave	
<b>E-line</b>	
<input type="checkbox"/> Max _____ mm	<input type="checkbox"/> Mand _____ mm
<b>Lips</b>	
<input type="checkbox"/> Thick	
<input type="checkbox"/> Medium	
<input type="checkbox"/> Thin	

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# DENTOLABIAL ANALYSIS

AT REST

## TOOTH EXPOSURE AT REST

4



Indicate

A    B    C

Max \_\_\_\_\_ mm

Mand \_\_\_\_\_ mm

SMILE

## INCISAL CURVE vs LOWER LIP

4



Convex



Flat



Reverse



Contacting  
 Rt  
 Lt



Not contact-  
ing  
Rt \_\_\_\_ mm  
Lt \_\_\_\_ mm



Covering  
Rt \_\_\_\_ mm  
Lt \_\_\_\_ mm

## SMILE LINE

4



Average



Low



High  
Gingival exposure  
Rt \_\_\_\_ mm  
Lt \_\_\_\_ mm

## SMILE WIDTH (NO. OF TEETH VISIBLE)

4



6-8



10



12-14

## LABIAL CORRIDOR

4



Normal



Wide  
Rt \_\_\_\_ mm  
Lt \_\_\_\_ mm



Absent

## UPPER INTERINCISAL LINE vs MIDLINE

4



Coincident



Deviated Rt  
\_\_\_\_ mm



Deviated Lt  
\_\_\_\_ mm

## OCCLUSAL PLANE vs COMMISSURAL LINE/HORIZON

4



Parallel



Slanted Rt  
\_\_\_\_ mm

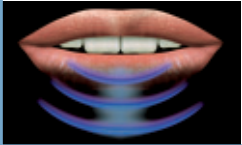





Slanted Lt  
\_\_\_\_ mm

Indicate by tooth number current situation; mark deviation (in mm) from ideal: + (if too long), - (if too short)

16	15	14	13	12	11	21	22	23	24	25	26
46	45	44	43	42	41	31	32	33	34	35	36

## PHONETIC ANALYSIS

<p style="text-align: center;"><b>M</b></p>  <p><b>Interocclusal rest space</b> _____ mm</p> <p><b>Dental exposure</b> Max _____ mm Mand _____ mm</p>	<p style="text-align: center;"><b>E</b></p>  <p><b>Interlabial space occupied by maxillary teeth</b></p> <p><input type="checkbox"/> ≤ 80% _____ %</p> <p><input type="checkbox"/> &gt; 80% _____ %</p>
<p style="text-align: center;"><b>F V</b></p>  <p><b>Incisal profile</b></p> <p><input type="checkbox"/> Vermilion</p> <p><input type="checkbox"/> Buccal _____ mm</p> <p><input type="checkbox"/> Lingual _____ mm</p>	<p style="text-align: center;"><b>S</b></p>  <p><b>Mandibular movement</b></p> <p><input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal _____ mm</p> <p><b>Interarch space</b></p> <p><input type="checkbox"/> _____ mm <input type="checkbox"/> Absent</p>

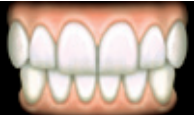


## TOOTH ANALYSIS

Table of esthetic changes (natural and/or iatrogenic) that have occurred over the years, by tooth number



18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

**INDICATE:** O = Restoration, X = Missing, A = Abraded, D = Dyschromic, E = Extruded, F = Fractured, R = Rotated

### MAXILLARY vs MANDIBULAR INTERINCISAL LINE

 <input type="checkbox"/> Coincident	 <input type="checkbox"/> Deviated Rt _____ mm	 <input type="checkbox"/> Deviated Lt _____ mm
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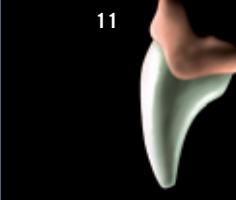
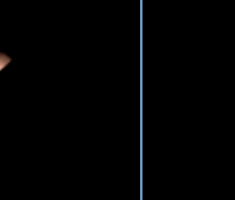
### TOOTH TYPE

 <input type="checkbox"/> Ovoid	 <input type="checkbox"/> Tapering	 <input type="checkbox"/> Square
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### TEXTURE



<b>Macro</b>	<input type="checkbox"/> No	<input type="checkbox"/> Slight	<input type="checkbox"/> Pronounced
<b>Micro</b>	<input type="checkbox"/> No	<input type="checkbox"/> Slight	<input type="checkbox"/> Pronounced

### MAXILLARY CENTRAL INCISORS: SHAPE, CONTOUR, AND PROPORTION

11 	21 	11 	21 
<b>W/H ratio</b>	11 _____ % 21 _____ %	<b>Profile</b>	11 <input type="checkbox"/> Normal    11 <input type="checkbox"/> Buccal    11 <input type="checkbox"/> Lingual 21 <input type="checkbox"/> Normal    21 <input type="checkbox"/> Buccal    21 <input type="checkbox"/> Lingual

### OCCLUSAL RELATIONSHIP

<b>Dental Class</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	<b>Overbite</b> _____ mm <b>Overjet</b> _____ mm	<b>Interarch relationship</b> <input type="checkbox"/> MIP <input type="checkbox"/> CO-CR
		<b>Incisal guidance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Canine guidance</b> Rt <input type="checkbox"/> Yes <input type="checkbox"/> No Lt <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TOOTH ANALYSIS</b>	<p><b>CONTOUR</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	 <p>MARK ANY IRREGULARITIES ON DRAWING</p>	<p><b>GINGIVAL MARGINS</b></p> <input type="checkbox"/> Symmetric <input type="checkbox"/> Asymmetric	<b>GINGIVAL ANALYSIS</b>
	<p><b>PROPORTION</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<p><b>ZENITHS</b></p> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
	<p><b>INTERINCISAL ANGLES</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<p><b>PAPILLAE</b></p> <input type="checkbox"/> Present <input type="checkbox"/> Absent	
<p><b>TOOTH AXES</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<p><b>BIOTYPE</b></p> <input type="checkbox"/> Thick <input type="checkbox"/> Thin		<p><b>ALTERATIONS</b></p> <input type="checkbox"/> Gingival inflammation <input type="checkbox"/> Hypertrophy <input type="checkbox"/> Recession	
<p><b>TOOTH ARRANGEMENT</b></p> <input type="checkbox"/> Regular <input type="checkbox"/> Crowded <input type="checkbox"/> Diastemata		<p><b>EDENTULOUS RIDGES</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Deformed		



Notes \_\_\_\_\_

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<b>TOOTH ANALYSIS</b>	<p><b>CONTOUR</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	 <p>MARK ANY IRREGULARITIES ON DRAWING</p>	<p><b>GINGIVAL MARGINS</b></p> <input type="checkbox"/> Symmetric <input type="checkbox"/> Asymmetric	<b>GINGIVAL ANALYSIS</b>
	<p><b>PROPORTION</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<p><b>PAPILLAE</b></p> <input type="checkbox"/> Present <input type="checkbox"/> Absent	
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<p><b>TOOTH AXES</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<p><b>ALTERATIONS</b></p> <input type="checkbox"/> Gingival inflammation <input type="checkbox"/> Hypertrophy <input type="checkbox"/> Recession		<p><b>EDENTULOUS RIDGES</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Deformed	
<p><b>INCISAL EDGE</b></p> <input type="checkbox"/> Regular <input type="checkbox"/> Irregular				

Notes \_\_\_\_\_

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