SMILE Analysis Form

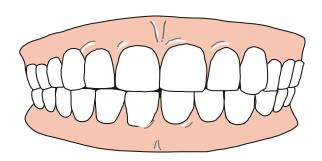
Clinical Evaluation (Edited VBH 11-1-00)

FACIAL COMPONENTS

Smile / Facial Symmetry (Describe deviations)

YES YES YES	NO NO NO	Face divided into equal thirds? Interpupillary Line = Horizon? Midline of eyes, nose and chin in line?
YES YES YES	NO NO NO	Interpupillary line perpendicular with facial midline? Commissure line perpendicular with facial midline? Incisal edges line perpendicular with facial midline?
YES YES	NO NO	Proper functional incisal edge length and position (say "F", "V")

Maximum Smile



Draw lips relative to teeth to demonstrate smile line and amount of teeth / gingivae showing during smile

At rest smile, ___mm of centrals showing:
Full smile, ___% of centrals showing:
Full smile: ___mm tissue above centrals showing:
Full smile: ___Discoloration in gingivae above teeth

Full smile: ___mm of lip movement from rest Smile Form of lower lip:

Curved Straight Reverse

Asymmetric

Smile form of upper lip?

Curved Straight Reverse Asymmetric

YES	NO	Maxillary centrals 50% of 6-11 width?	
YES	NO	Interproximal spaces visible?	_
YES	NO	Mandibular lip line follows incisal edges?	_
YES	NO	Incisal edges touch lower wet-dry line?	
YES	NO	Balanced bilateral negative space?	
YES	NO	Occlusal plane A-P correct?	_

DENTAL COMPONENTS (Describe deviations)

Dental Midline

YES	NO	Maxillary dental midline coincident with facial midline	
YES	NO	Max / Mand midlines coincident?	

Tooth Proportion

YES	NO	Tooth height to width ratio(75%) approximates Golden Proportion (1.6)?
YES	NO	Length of central incisors 10-11 mm?
YES	NO	Central-lateral-canine in proper ratio (golden proportion)?
YES	NO	Anterior teeth with proper line angle location and shape?
YES	NO	Posterior teeth length in harmony and appear progressively smaller?

	_	nment					
YES YES	NO NO	Axial alignment inclines to midline? Any flared teeth present?					
YES	NO	Buccal corridors visible?					
		Contacts					
YES YES	NO NO	Proper inciso-gingival proximal contact position?Proper incisal embrasure form?					
YES	NO	Proper incisal embrasure form? Spaces gingival to contacts (black hole)					
YES	NO	Diastemas?					
Tooth 9	Shade a	nd Surface Characterization (see Bleaching Analysis form)					
YES	NO	Overall shade discrepancy present?					
YES YES	NO NO	Individual tooth shade discrepancy? Notable surface characterization?					
		COMPONENT					
YES YES	NO NO	Gingiva in harmony with upper lip? Gingiva confluent with DEJ?					
YES	NO	Proper Canine-Lateral-Central Position?					
YES YES	NO NO	Proper Gingival Embrasures? Healthy Gingival Papillae?					
YES	NO	Inflammation/Discoloration present?					
YES	NO	Excessive gingival tissue (Cause)?					
Rest	oratio	ns					
YES	NO	Defective Restorations Present					
		Tooth # / Description Tooth # / Description					
		Tooth # / Description					
		Tooth # / Description Tooth # / Description					
		Tooth # / Description					
D-4!-	4 0-						
YES	NO NO	mments Is the patient pleased with overall smile?					
YES	NO	Is there anything the patient would like to change about their smile?					
Chief C	Complain	t					
	•						
<u>Sum</u>	mary	<u>Diagnosis:</u>					
Cons	sultati	on Required					
	YES	NO Prosthodontic					
	YES YES	NO PeriodonticNO Orthodontic					
	YES	NO Oral Surgery					
	YES	NO Endodontic					

Patients' Esthetic Self-Analysis

PATIENT INSTRUCTIONS: Looking into a full face, close-up mirror, analyze your smile in two phases - slight smile and full smile.

TEETH

YES NO show?	In a slight smile, with your lips slightly parted, do the tips of your front teeth
YES NO	In a full smile, is there anything you do not like about your smile? Explain:

Look at the two upper front teeth:

ARE THEY: slightly longer than the others, equal in length or shorter? (circle one answer)

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YES	NO	Do any teeth look too long or too short?
YES	NO	Do any teeth look too pointed or too flat?
YES	NO	Do any teeth have a shape you do not like?
YES gums	NO show?	In a full smile, does the top lip rise above the necks of the teeth so that the

YES NO When you bite on your back teeth (when you swallow), do all the front teeth come into contact?

YES NO When you bite on your front teeth (biting a sandwich), do all the front teeth come into contact?

YES NO Are the upper front teeth straight (versus being crooked, overlapped, or protruding)?

YES	NO	Are the lower six front teeth straight?
YES	NO	Are the lower front teeth even in appearance?
YES	NO	Are the teeth of one color from top to bottom?
YES	NO	Do you like the color of your teeth?
.YES	NO	Is one front tooth darker than the rest?

- YES NO Do the teeth contain any stains? (white or brown)
- .YES NO Do the front teeth contain fillings that are not matched with other teeth so they are noticed?
- YES NO In a full smile, sometimes the back teeth show. Are these teeth free of stains and discolorations?
- YES NO Do the necks of any teeth have erosion (a ditched-in "V" appearance that can be seen or felt with the fingernail)?

GUMS

YES NO	Are the gums pink and healthy-looking everywhere?_(versus red and
swollen).	

- YES NO Have the gums receded from the necks of the teeth anywhere?_
- YES NO Is the curvature of the gum tissue good_around the teeth (half-moon shape)?

BREATH

YES	NO	ls y	your breath	always	pleasant?
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- YES NO Do you use mouthwash or some other treatment for bad breath?
- YES NO Do you brush your tongue?
- YES NO Do you have a problem with throat drainage or sinuses?
- YES NO Is your mouth free from decay or gum disease that cause bad breath?

How frequently do you brush (and with what toothpaste and firmness of toothbrush)?

How frequently do you floss (and with what kind)?

SNORING

YES	NO	Does anyone tell you that you snore?
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- YES NO Does your snoring annoy anyone?
- YES NO Does anyone tell you that you stop breathing while sleeping?