

Esthetic Evaluation Form®

Patient _____ Examiner _____ Date _____

1. Effective Questions

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

:B: Do you like the visual image of "Straight, White, Perfect", "Clean, Healthy, Natural", or "White and Natural" looking teeth?

:C: History of Esthetic Change

:D: Previous Records – Do you have any photos of your smile, or any smile you like, to aid in aesthetic treatment planning?
o Yes o No**2. Facial Analysis**

:A: Full Smile

1. Interpupillary Line to Occlusal Plane

- ☐ Parallel
- ☐ Canted right
- ☐ Canted left

2. Midline Relationship of Teeth (Maxillary) to Face (Philtrum)

- ☐ Coincident
- ☐ Right of center
- ☐ Left of center

3. Relationship of Lips to Face (Lip Symmetry)

- ☐ Symmetrical
- ☐ Left side higher
- ☐ Right side higher



:B: Lips at Rest

1. Upper Lip

- ☐ Full
- ☐ Average
- ☐ Thin

2. Lower Lip

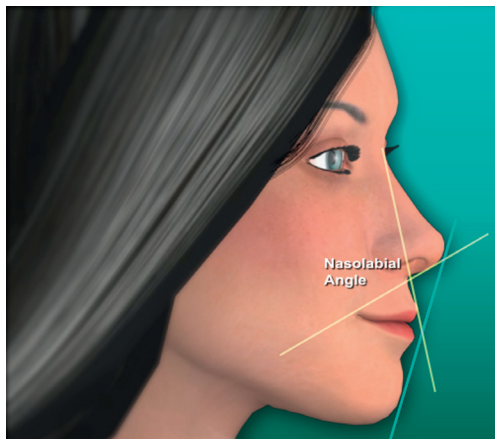
- ☐ Full
- ☐ Average
- ☐ Thin

3. Lips

- ☐ Prominent
- ☐ Retruded

4. Tooth Exposure at Rest:

Maxillary _____ mm
Mandibular _____ mm



:C: Profile View: Facially – Directed Treatment Planning

1. Nasolabial Angle

- ☐ Normal (approx. 90°)
- ☐ Prominent Maxilla (< 90°)
- ☐ Retruded Maxilla (> 90°)

2. Ricketts' E-plane (Drawn from tip of nose to chin)

Upper Lip to E-plane _____ mm (ideally 4 mm)
Lower Lip to E-plane _____ mm (ideally 2 mm)

3. Profile Shape

- ☐ WNL
- ☐ Convex
- ☐ Concave

If maxilla is prominent, nasolabial angle is < 90°, or profile is convex, consider smaller, less dominant maxillary anterior restorations.

If maxilla is retruded, nasolabial angle is > 90°, or profile is concave, consider more dominant maxillary anterior restorations.

Esthetic Evaluation Form © Created by Jonathan B. Levine, DMD

Fig. 1.4 Esthetic Evaluation Form.*Continued*

3. Dentofacial Analysis – Vertical and Horizontal Components

:A: Upper Smile Line

☐ Average ☐ High ☐ Low



:B: Incisal Edges to Lower Lip

☐ Convex Curve ☐ Straight ☐ Reverse



:C: Tooth – Lower Lip Position

☐ Touching ☐ Not Touching ☐ Slightly Covered



:D: Full Smile – Number of Teeth Displayed

☐ 6 ☐ 8 ☐ 10 ☐ 12



:E: Midline Location – Central Incisors to Philtrum

☐ Center ☐ Right of Center ☐ Left of Center



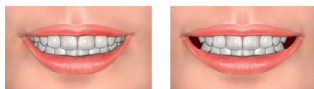
:F: Midline – Skewing to Left or Right

☐ Right ☐ Left ☐ Straight



:G: Bilateral Negative Space

☐ Normal ☐ Increased



:H: Phonetics

1. **F** Sounds – Incisal edge of maxillary centrals on wet/dry line of lower lip?

☐ Yes ☐ No

2. **S** Sounds – Closest speaking space – clear sound?

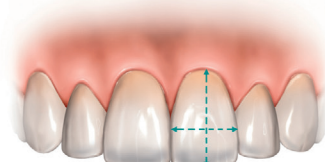
☐ Yes ☐ No

4. Dental Analysis

:A: Starting shade

Maxillary _____
Mandibular _____

:B: Central Incisor Width/Height Ratio



☐ > 80% ☐ < 80%

:C: Proportion of Central/Lateral/Canine



Central Width: _____ mm

Lateral Width: _____ mm

Cuspid Width: _____ mm

:D: Occlusal Analysis

1. Complete Occlusion



Interferences: _____

2. Incisive Position



Interferences: _____

3. Left Working



Interferences: _____

Guiding teeth: _____

4. Right Working

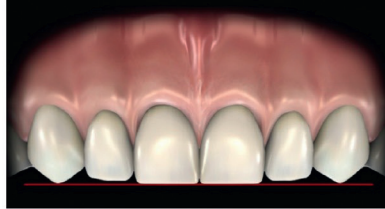


Interferences: _____

Guiding teeth: _____

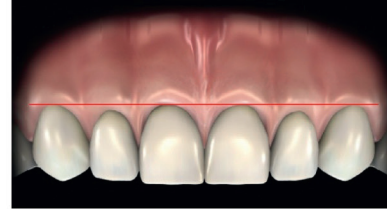
:E: Micro-Aesthetic Elements: Acceptable or Not?

1. Incisal Edge Position ☐ Yes ☐ No



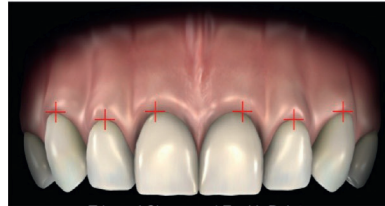
Proposed changes: _____

2. Soft Tissue Symmetry ☐ Yes ☐ No



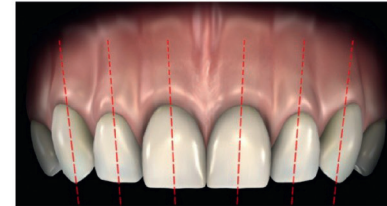
Proposed changes: _____

3. Zenith Positions ☐ Yes ☐ No



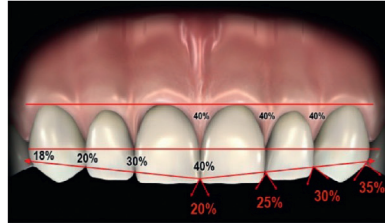
Proposed changes: _____

4. Axial Inclination ☐ Yes ☐ No



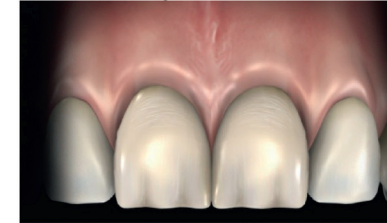
Proposed changes: _____

5. Embrasures and Contacts ☐ Yes ☐ No



Proposed changes: _____

6. Texture and Edge Contour ☐ Yes ☐ No



Proposed changes: _____

:F: Diagnostic Wax-Up Information



Proposed Max. Central Incisor Length: _____ mm

Proposed Max. Central Gingival Position: _____



Proposed Mand. Central Incisor Length: _____ mm

Proposed Mand. Central Gingival Position: _____

Additional Notes to Guide Diagnostic Wax-Up:
