

ESTHETIC CHECKLIST

1/4

mf MAURO FRADEANI

Examiner _____ Date ____ / ____ / ____

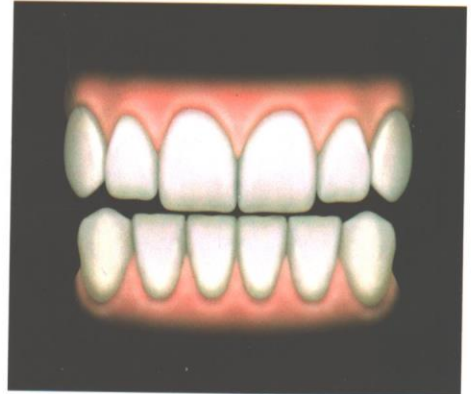
Patient _____ Age _____



PATIENT'S PHOTOGRAPH



PATIENT'S PHOTOGRAPH



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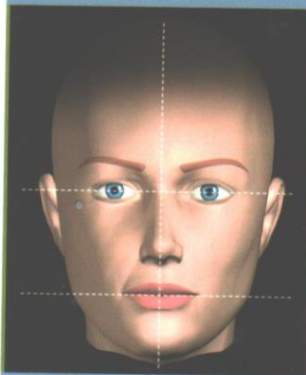
Esthetic self-evaluation

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



Interpupillary line vs horizon

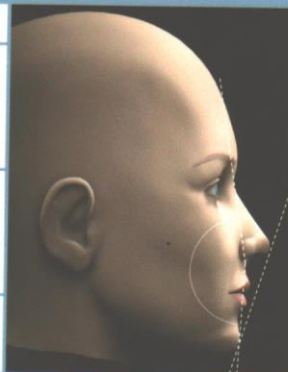
Parallel Slanted Rt Lt

Commissural line vs horizon

Parallel Slanted Rt Lt

Facial midline

Centered Deviated Rt Lt



Profile

Normal
 Convex
 Concave

E-line

Max ____ mm Mand ____ mm

Lips

Thick
 Medium
 Thin

Notes _____

DENTOLABIAL ANALYSIS

TOOTH EXPOSURE AT REST

AT REST



A



B



C

Indicate

 A

 B

 C

Max _____ mm

Mand _____ mm

INCISAL CURVE vs LOWER LIP

SMILE


 Convex

 Flat

 Reverse

 Contacting
 Rt
 Lt

 Not contacting
 Rt _____ mm
 Lt _____ mm

 Covering
 Rt _____ mm
 Lt _____ mm

SMILE LINE


 Average

 Low

 High
 Gingival exposure
 Rt _____ mm
 Lt _____ mm

SMILE WIDTH (NO. OF TEETH VISIBLE)


 6-8

 10

 12-14

LABIAL CORRIDOR


 Normal

 Wide
 Rt _____ mm
 Lt _____ mm

 Absent

UPPER INTERINCISAL LINE vs MIDLINE


 Coincident

 Deviated Rt
 _____ mm

 Deviated Lt
 _____ mm

OCCLUSAL PLANE vs COMMISSURAL LINE/HORIZON


 Parallel


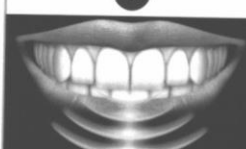


 Slanted Rt

 Slanted Lt

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

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

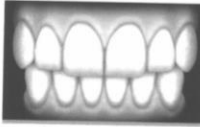


TOOTH ANALYSIS

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


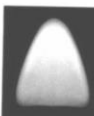

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

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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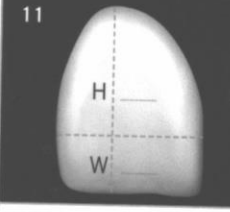
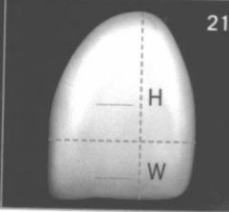
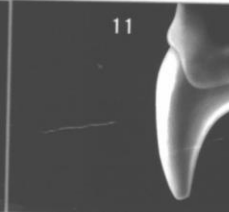
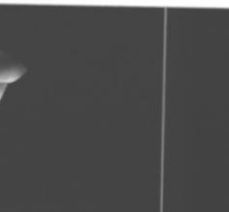
TOOTH TYPE

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

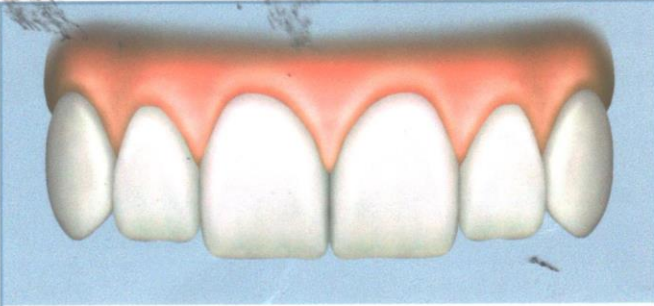

Macro	<input type="checkbox"/> No	<input type="checkbox"/> Slight	<input type="checkbox"/> Pronounced
Micro	<input type="checkbox"/> No	<input type="checkbox"/> Slight	<input type="checkbox"/> Pronounced

MAXILLARY CENTRAL INCISORS: SHAPE, CONTOUR, AND PROPORTION

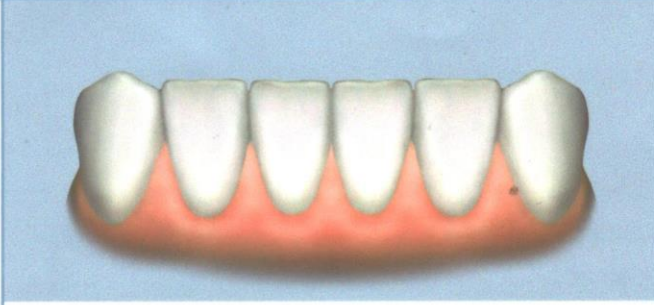

 <p>11</p>	 <p>21</p>	 <p>11</p>	 <p>21</p>
<p>W/H ratio</p> <p>11 _____ %</p> <p>21 _____ %</p>	<p>Profile</p> <p>11 <input type="checkbox"/> Normal</p> <p>21 <input type="checkbox"/> Buccal</p> <p>11 <input type="checkbox"/> Lingual</p> <p>21 <input type="checkbox"/> Lingual</p>		

OCCLUSAL RELATIONSHIP

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

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

Notes

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

Notes
