

Cosmetic Evaluation

Name: _____

Date: ____/____/____

Tooth Type:

Tooth Shape

- ☐ Ovoid
- ☐ Tapering
- ☐ Square

Tooth Texture Macro

- ☐ No
- ☐ Slight
- ☐ Pronounced

Tooth texture Micro

- ☐ No
- ☐ Slight
- ☐ Pronounced

Maxillary Central Incisors

- ☐ Length (10-11mm)
#8 _____ mm
- #9 _____ mm

Width to Height % (75-80%)

- ☐ #8 _____ %
- ☐ #9 _____ %

Tooth Analysis:

Contour

- ☐ Normal
- ☐ Abnormal

Proportion

- ☐ Normal
- ☐ Abnormal

Inter-incisal angles/Embrasure

- ☐ Normal
- ☐ Abnormal

Tooth Arrangement

- ☐ Regular
- ☐ Crowded
- ☐ Spacing

"Golden Proportions" (R/L)

- ☐ 1.6 _____ / _____
- ☐ 1.0 _____ / _____
- ☐ 0.6 _____ / _____

Profile of Maxillary teeth

- ☐ Normal
- ☐ Buccal flair
- ☐ Lingual inclined

Contact Points

- ☐ Normal (apical as travel posterior)
- ☐ Abnormal

Axial Inclination

- ☐ Normal
- ☐ Slightly abnormal
- ☐ Moderate abnormal
- ☐ Severe

Tooth arch (occlusal view)

- ☐ Square
- ☐ Ovoid
- ☐ Tapered

Incisal edge wear

- ☐ Mamelons
- ☐ Normal
- ☐ Moderate
- ☐ Severe

Gingival Analysis:

Gingival Margin/Height

- ☐ Symmetric/Height
- ☐ Asymmetric/Height

Zenith

- ☐ Regular
- ☐ Irregular

Cervical Embrasure

- ☐ Black triangle present
- ☐ Black triangle possible

Biotype

- ☐ Thick
- ☐ Thin

Alterations

- ☐ Gingival inflammation
- ☐ Hypertrophy
- ☐ Recession

Portrait smile:

Tooth Exposure at rest

- ☐ Heavy maxillary display
- ☐ Normal
- ☐ Mandibular display

Incisal curve vs. lower lip

- ☐ Convex smile line
- ☐ Straight
- ☐ Reverse

Smile line

- ☐ Average
- ☐ Low
- ☐ High (gummy)

Smile width/ Buccal corridor

- ☐ 6-8 teeth
- ☐ 9-10 teeth
- ☐ 12-14 teeth

Occlusal plane vs. horizon

- ☐ Parallel
- ☐ Slanted right
- ☐ Slanted left

Matching midlines

- ☐ Mandibular deviates to right _____ mm
- ☐ Mandibular deviates to left _____ mm

Wear

- ☐ Normal
- ☐ Moderate
- ☐ Severe

Color:

Value

- ☐ High
- ☐ Medium
- ☐ Low

Hue (A-1, B-3 etc.)



Translucency/opacity

- ☐ Translucent C M I
- ☐ Normal C M I
- ☐ Opaque C M I

Occlusion:

- ☐ Canine rise
- ☐ CO/CR
- ☐ Joint pathology

Over-jet _____ mm

Over-bite _____ mm

Pontic area and shape:

- ☐ Normal
- ☐ Thin knife edge
- ☐ Ovate Pontic form to be developed
- ☐ Need osseous grafting

Orthodontics prior to esthetics:

- ☐ Not needed
- ☐ Need not critical
- ☐ Possible RCT
- ☐ Invisalign
- ☐ Banded
- ☐ Surgical