Long axis of face

Smile Evaluation Worksheet
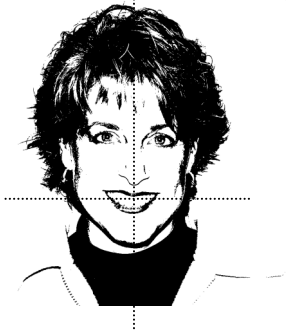
Name _____   *Date* _____
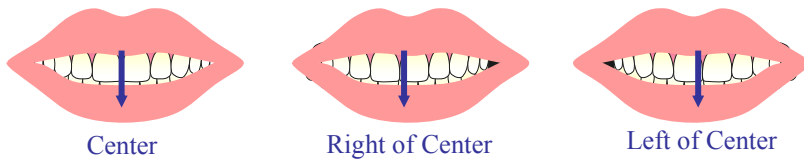
Vertical/Horizontal Symmetry to Face

Straight   Right   Left

Midline to Face
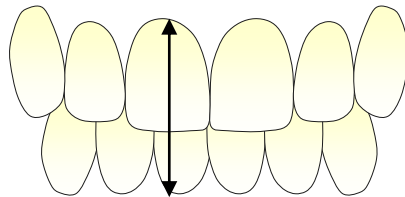

Center   Right of Center   Left of Center
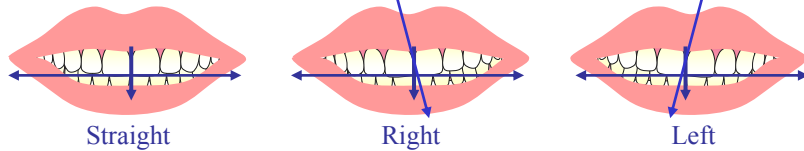
Central Ratio
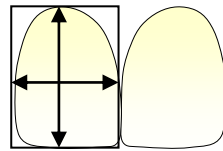
Width/Height   _____/_____ = _____%

Desired Length (77.5%) 1.29 × _____mm Width = _____mm Length

Shimbashi (Max. CEJ to Mand. CEJ)

Existing Shimbashi _____mm

SMILE RECOMMENDATIONS

| |
|---|
| |
| |
| |
| |
| |
| |
| |

Deep Bite Issues (Shimbashi < 14mm):
- ❑ Biomechanical envelope of function—
    - ❑ Vertical
    - ❑ Horizontal
    - ❑ Oblique Chewers
- ❑ Evaluate wear on maxillary laterals, canines and 1st pre-molars
- ❑ Assess evidence of fremitus on maxillary anterior teeth
- ❑ Presence of lower anterior crowding
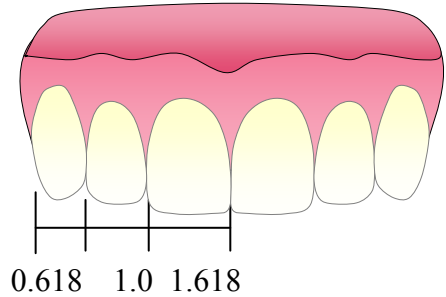- ❑ Wear of lower anteriors and lingual of maxillary incisors

Axial Inclination

Soft Tissue

- Tissue Heights
- Tissue Symmetry
- Zenith Profile
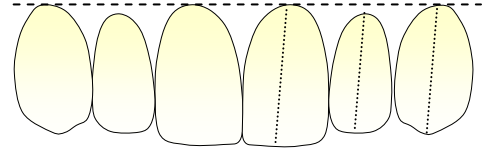
Golden Proportions

0.618   1.0   1.618

Incisal Edge / Lower Lip

Convex   Straight   Reverse

Gingival Display

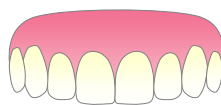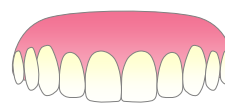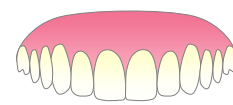Average   Low   High

Buccal Corridors

Normal   Increased

Smile Zone

Eight   Ten   Twelve