

Face Height \_\_\_\_\_

Lip Length \_\_\_\_\_ mm

Dental / Facial Midline \_\_\_\_\_ R/L

Central Exposed in Repose \_\_\_\_\_ mm

Gingival Line to Upper Lip in Full Smile \_\_\_\_\_ +/- mm

Lip Mobility \_\_\_\_\_ mm

Distal Extent of Smile (Tooth#) \_\_\_\_\_ R \_\_\_\_\_ L

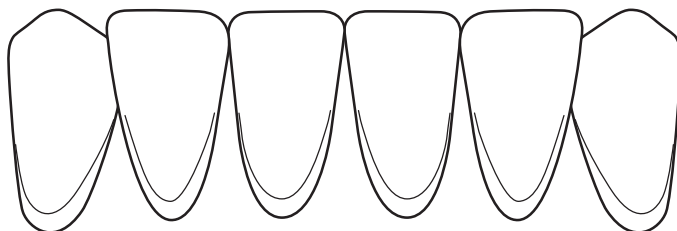
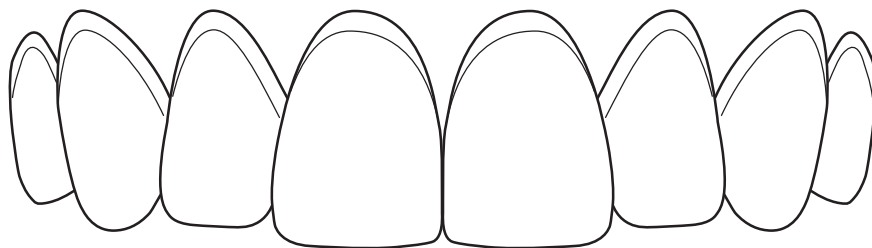
Incisal Edges to Lower Lip (Follows Smile Line, Covered by Lip, Reverse, Irregular)

Buccal Corridors — Negative Spaces Y/N \_\_\_\_\_

Length of Maxillary Anteriors — (Chart)

Tissue Levels — (Chart)

Angle of Incisal Plane — (Chart)



Posterior Occlusal Plane (OK, Step Up, or Step Down, Cant) \_\_\_\_\_

Pathologic Tooth Wear — Y/N Tooth #'s \_\_\_\_\_

CEJ Located Y/N \_\_\_\_\_

Tooth Color \_\_\_\_\_

Tooth Alignment (Spacing, Overlap) \_\_\_\_\_

DR. NOTES

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