## SMILE Analysis Form

### Clinical Evaluation (VBH 2013)

**FACIAL COMPONENTS**

**Smile / Facial Symmetry** *(Describe deviations)*

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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Face Proportion: divided into equal thirds? ______________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Eyes Level: Interpupillary Line = Horizon? ______________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Midline of eyes, nose and chin in line? ______________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Interpupillary line perpendicular with facial midline? ____________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Commissure line perpendicular with facial midline? ________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Incisal edges line perpendicular with facial midline? ____________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Proper functional incisal edge length and position? (say “F”, “V” for wet dry) _____</td>
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**Maximum Smile** --------------------------------------→

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<tbody>
<tr>
<td>At rest smile (M), ___mm of centrals showing</td>
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<tr>
<td>Full smile (E): ____% of centrals showing</td>
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<tr>
<td>Full smile: ___mm tissue above centrals showing</td>
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<tr>
<td>Full smile: ____Discoloration in gingivae above teeth</td>
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<tr>
<td>Full smile: ___mm of lip movement from rest</td>
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### Smile Form of **lower lip**:

- Curved
- Straight
- Reverse
- Asymmetric

### Smile form of **upper lip**?

- Curved
- Straight
- Reverse
- Asymmetric

**Maximum Smile** --------------------------------------→

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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Maxillary centrals 50% of #6-#11 width? ______________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Interproximal spaces visible laterals and canines? _____________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Mandibular lip line follows incisal edges? ____________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Incisal edges touch mandibular wet-dry line? _________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Balanced bilateral negative space? __________________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Occlusal plane correct anterior-posteriorly? _________________________________</td>
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**GINGIVAL COMPONENT**

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<tr>
<td>YES</td>
<td>NO</td>
<td>Gingiva in harmony with maxillary lip? ______________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Gingiva confluent with DEJ? _________________________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Proper canine-lateral-central position from gingival line ____________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Proper gingival embrasures? ______________________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Healthy gingival papillae? ________________________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Inflammation/discoloration present? ________________________________________</td>
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<tr>
<td>YES</td>
<td>NO</td>
<td>Excessive gingival tissue (Cause)? _________________________________________</td>
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1/3 facial problem
- Short lip
- Hyper-active lip
- Altered-passive eruption
### DENTAL COMPONENTS (Describe deviations)

#### Dental Midline
- **YES** Maxillary dental midline coincident with facial midline
- **NO**
- **YES** Max / Mand midlines coincident?
- **NO**

#### Tooth Proportion
- **YES** Tooth height to width ratio (80%) approximates Golden Proportion (1/1.617)?
- **NO**
- **YES** Length of central incisors 10-12 mm?
- **NO**
- **YES** Central-lateral-canine in proper ratio (golden proportion)?
- **NO**
- **YES** Anterior teeth with proper line angles location and shape?
- **NO**
- **YES** Posterior teeth length in harmony and appear progressively smaller?
- **NO**

#### Axial Alignment
- **YES** Axial alignment inclines to midline?
- **NO**
- **YES** Any flared teeth present?
- **NO**
- **YES** Buccal corridors visible?
- **NO**

#### Proximal Contacts
- **YES** Proper inciso-gingival proximal contact position?
- **NO**
- **YES** Proper incisal embrasure form?
- **NO**
- **YES** Spaces gingival to contacts (black hole)
- **NO**
- **YES** Diastemas?
- **NO**

#### Tooth Shade and Surface Characterization (see Bleaching Analysis form)
- **YES** Overall shade discrepancy present?
- **NO**
- **YES** Individual tooth shade discrepancy?
- **NO**
- **YES** Notable surface characterization?
- **NO**

#### Restorations
- **YES** Defective Restorations Present
- **NO**

#### Patient Comments (+ they complete following form)
- **YES** Is the patient pleased with overall smile?
- **NO**
- **YES** Is there anything the patient would like to change about their smile?
- **NO**

#### Summary Diagnosis:

#### Consultation Required
- **YES** Prosthodontic
- **NO**
- **YES** Periodontic
- **NO**
- **YES** Orthodontic
- **NO**
- **YES** Oral Surgery
- **NO**
- **YES** Endodontic
- **NO**
Patients’ Esthetic Self-Analysis

PATIENT INSTRUCTIONS: Looking into a full face, close-up mirror, analyze your smile in two positions: 1) slight smile and 2) full smile.

TEETH

YES NO In a slight smile, with your lips slightly parted, do the tips of your front teeth show?

YES NO In a full smile, is there anything you do not like about your smile? Explain:

Look at the two upper front teeth:

ARE THEY: slightly longer than the others, equal in length or shorter? (circle one answer)

Look at all the teeth:

YES NO Do any teeth look too long or too short?

YES NO Do any teeth look too pointed or too flat?

YES NO Do any teeth have a shape you do not like?

YES NO In a full smile, does the top lip rise above the necks of the teeth so that the gums show?

YES NO When you bite on your back teeth (when you swallow), do all the front teeth come into contact?

YES NO When you bite on your front teeth (biting a sandwich), do all the front teeth come into contact?

YES NO Are the upper front teeth straight (versus being crooked, overlapped, or protruding)?

YES NO Are the lower six front teeth straight?

YES NO Are the lower front teeth even in appearance?

YES NO Are the teeth of one color from top to bottom?

YES NO Do you like the color of your teeth?

YES NO Is one front tooth darker than the rest?

YES NO Do the teeth contain any stains? (white or brown)
YES NO  Do the front teeth contain fillings that are not matched with other teeth so they are noticed?

YES NO  In a full smile, sometimes the back teeth show. Are these teeth free of stains and discolorations?

YES NO  Do the necks of any teeth have erosion (a ditched-in "V" appearance that can be seen or felt with the fingernail)?

GUMS

YES NO  Are the gums pink and healthy-looking everywhere? (not red and swollen).

YES NO  Have the gums receded from the necks of the teeth anywhere?

YES NO  Is the curvature of the gum tissue good around the teeth (half-moon shape)?

BREATH

YES NO  Is your breath always pleasant?

YES NO  Do you use mouthwash or some other treatment for bad breath?

YES NO  Do you brush your tongue?

YES NO  Do you have a problem with throat drainage or sinuses?

YES NO  Is your mouth free from decay or gum disease that cause bad breath?

How frequently do you brush (and with what toothpaste and firmness of toothbrush)?
   Brush: 1 – 2 – 3 – 4 – times/day
   Toothpaste used: __________________________
   Toothbrush used: super-soft – soft – medium – hard

How frequently do you floss (and with what kind)?

SNORING

YES NO  Does anyone tell you that you snore?

YES NO  Does your snoring annoy anyone?

YES NO  Does anyone tell you that you stop breathing while sleeping?

YES NO  Do you grind your teeth at night?