

Basic Esthetic Checklist

Dentist: _____

Patient: _____

		Comments
1. Facial analysis:		
1.1 Midline location/restoration axis	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
1.2 Incisal edge configuration	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
1.3 Shade	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2. Dento-labial analysis:		
2.1 Display of teeth	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2.2 Incisal edges in relation to lower lip	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
2.3 Buccal Corridor	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
3. Phonetic analysis:		
3.1 M – Interocclusal space	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
3.2 F/V – Incisor edge position	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
3.3 S – madibular movement/freedom	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4. Dental analysis:		
4.1 Midline alignment upper to lower jaw	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.2 Shape/contour/shade details	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.3 Surface texture	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.4 Proportions (Golden ratio)	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.5 Inter-incisal contour/position of approx. contacts	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.6 Emergence profile	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.7 Inter-proximal soft tissue	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.8 Line-angles	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.9 Labial curvature	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	
4.10 Gingival level, apex and contour	<input type="checkbox"/> OK <input type="checkbox"/> Not OK	

Self-assesement/Wishes:

Date and Signature: _____

