

Orchard Scotts Dental

The S.M.I.L.E.S. Evaluation Technique

Patient Name: _____

Date: _____

S. - Size and golden proportion of teeth

Width of centrals _____ Length of Centrals _____ W/L Ratio _____ (75%-80%)

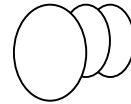
Golden Proportion _____ / _____ / _____ (1.6/1.6)

Centrals Laterals Cuspids

Correct to proper dimensions if possible

Yes

No



M. - Midline and Canting of teeth

Is the midline correct?

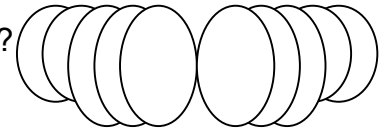
Yes

No how far off _____ R/L

Is the smile canted?

Yes

No

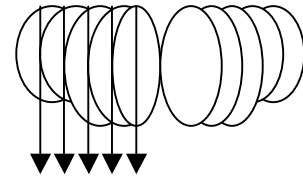


I. - Axial Inclination of teeth

The teeth are properly mesially inclined

Mesial / distal incline which needs correction

Leave teeth as is, even though not properly inclined

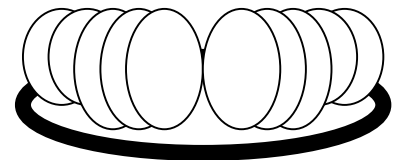


L. - Lip Line vs. Incisal Edge of Teeth

Incisal edges properly follows lip line

Reverse smile line

Deficiency (describe)



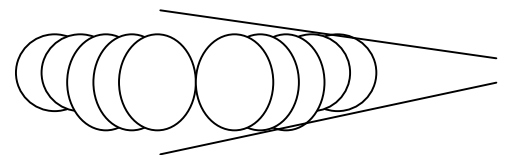
E. - Extra hard tissue guidelines

Contact points proper (gingival migration posteriorly)

Gradation of teeth proper

Arch form proper

Corrections necessary



S. - Soft Tissue Conditions

Good Gingival Symmetry / Correction _____

Good Height and Contour / Correction _____

Gingival Zenith Correct / Correction _____

