

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

Patient Name: _____ Date: _____

S. - Size and golden proportion of teeth

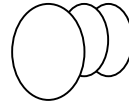
Width of centrals _____ Length of Centrals _____ W/L Ratio _____ (75%-80%)

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?

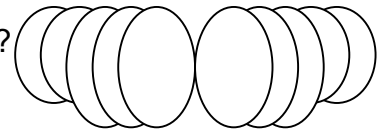
Yes

No how far off _____ R/L

Is the smile canted?

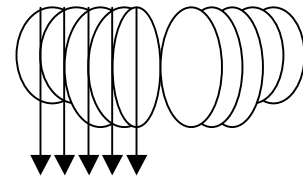
Yes

No



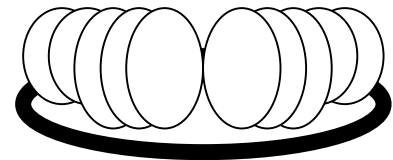
I. - Axial Inclination of teeth

- 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

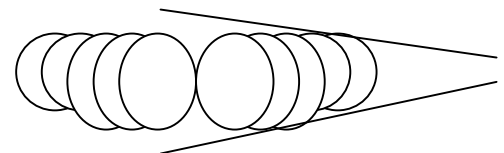
- Incisal edges properly follows lip line
- Reverse smile line
- Deficiency (describe)



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 _____

