Dento-Facial Esthetic Diagnosis Form

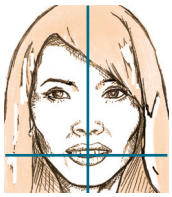
© 2004/2007 Ruiz Dental Seminars. All Rights Reserved.

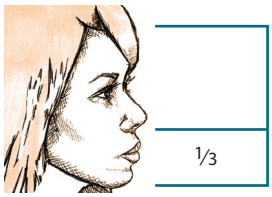
Patient Name:	Date:	PT Self Smile Score:

PATIENT'S MAIN CONCERNS
1.
2.
3.
4.
Pt. Esthetic Expectations:

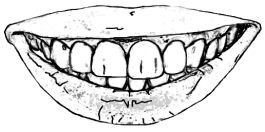
REFERRAL TO
Endo:
Perio:
Ortho:
OS:
TMJ:

1. DENTO-FACIAL ESTHETICS

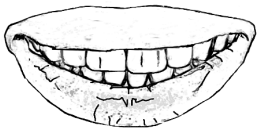




6 – 10



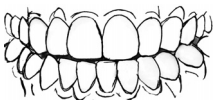
66 (11)

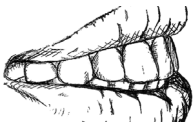


1) Occ. Plane:	4) Lip Position:	6) Tooth Show (Smile):	9) Incisal Plane:
2) Midline:	5) Facial L. 3dr:	7) Bucal Corridor:	10) Incisal Plane T Lip:
3) F. Symmetry:		8) Ging. Show:	11) Conversational TS:

DIAGNOSIS / ETIOLOGY
Occ/TMD:
Caries:
Perio:
Esthetics:

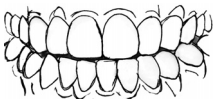
2. GROUP ESTHETICS





12) Axial Incline:	16) UA Inclination:
13) Rotation:	17) Esthetic Zone:
14) Crowd/Space:	18) O_Jet/O_Bite:
15) Embrasure:	19) Lat. Occ. Plane: R L

3. GINGIVAL ESTHETICS



20) Papilla:
21) Ging. SYM:
22) Ging. Biotype:

4. TOOTH ESTHETICS

23) Shade:	Desired:
24) Shape/Style:	
25) Ratio:	

LAPSE TX SEQUENCE

Wax Up:	Custom Temps:

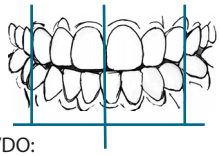
IDEAL

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)
11)
12)
13)
14)
15)
16)
17)
18)
19)
20)
21)
22)
23)
24)
25)
26)
27)
28)
29)
30)
31)
32)
Whitening: Y N

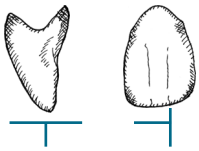
MAINTENANCE AND PREVENTION

OCC/TMJ:
Rampant Decay:
Compromised Perio:

#2, 7



#6, 11, 4, 18



VDO:

ADDITIONAL TREATMENT

Option 1:
Option 2:
Option 3