

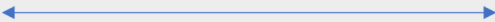
Facial Analysis Form

Doctor:

Patient:

Facial Profile: Square Tapered Ovoid

Move Midline: 5 4 3 2 1 0 1 2 3 4 5 mm



Vertical Dimension: Open Close Good

VDO at Closed _____

VDO at Rest _____

Incisal Edge: Raised By Lower By Good

High Lip Line: Raised By Lower By Good

Impressions:
Bite Registration:
Scan Denture:
CBCT:

To Change Cant of Occlusal Plane:

Lower Left side by mm Raise Left side by mm

Lower Right side by mm Raise Right side by mm

To Change Cant of Esthetic Plane:

Raise posteriors mm Lower posteriors mm

Raise anteriors mm Lower anteriors mm

Papillameter: mm
Alameter: mm
 KOIS Bite:
 Pics (Facial & Profile)

Gingival Shade:
 Preference (Standard Pink)
 USL (Light Pink)
 USD (Ethnic)

Anterior Mould: _____
Tooth Shade: _____

Comments and list of enclosed parts: _____

Right

Left