



43075 North Ridge Road  
 Elyria, OH 44035  
 440-324-7704  
 cdt@cdtsmiles.com

**CDT Esthetic Case Checklist**

To help serve you better, we have put together a checklist of the items needed to complete a cosmetic or large restorative case.

**ESTHETIC PRESCRIPTION**

Doctor \_\_\_\_\_ Date \_\_\_\_\_

Patient \_\_\_\_\_ Age \_\_\_\_\_ ♂ ♀

	<b>Characterization</b> <input type="checkbox"/> Stained Checkline <input type="checkbox"/> Enamel Crack <input type="checkbox"/> Worn Incisal <input type="checkbox"/> Hypocalcification <input type="checkbox"/> Metallic Grey <input type="checkbox"/> Crack Line <input type="checkbox"/> Root Simulation <input type="checkbox"/> Incisal Translucency		
	Occlusal Stain: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Tooth Texture: <input type="checkbox"/> Smooth <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Surface Glaze: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Shiny
Tooth Shade		Stump Shade	

**Measurement of Anteriors**

Tooth #	6	7	8	9	10	11
Width						
Length						

*The HEIGHT of the central incisor is in Golden Proportion to the WIDTH of the TWO central incisors (1.6/1/6)*

Correct to proper ratio if possible:  Yes \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  No

Is the midline correct?  Yes  No How far off? \_\_\_\_\_  L  R

Does axis of inclination need correction?  Yes M\_\_\_\_ D\_\_\_\_  No

Does incisal edge follow lip line?  Yes  No Reverse smile line\_\_\_\_

Other \_\_\_\_\_

Do soft tissue conditions require correction?  Yes Gingival symmetry:

Height \_\_\_\_\_ Contour \_\_\_\_\_ Gingival zenith \_\_\_\_\_  No

Special Hard Tissue Guidelines: \_\_\_\_\_

**What to send for a Diagnostic Wax-Up:**

- Pre-operative photographs. Email to: cdtsmiles4u@windstream.net
  - Full face
  - Close up of full smile showing teeth
  - Retracted smile
  - Right and left lateral views including the lateral on the opposite side
- Pre-operative study models with pencil marks to indicate:
  - Where the lingual finish line of your preparation will be
  - Where you will be doing any tissue re-contouring
- Face bow and CR/MI bite registration - or
- Stick bite to indicate horizontal plane, taken with the patient standing
- Detailed prescription indicating:
  - Smile design choice
  - Incisal length measurements

**What to send for Final Restorations:**

- Return everything in the previous section, including the Diagnostic Wax-Up
- Two clear, full arch impressions (if in doubt take another one to prevent having to cut off temporaries if an area of the impression is not readable)
- Photograph of the prepared teeth with dentin (stump) shade tab in place when the preparations show variations in color
- Full face photograph of the patient with provisionals in place and photo of provisionals, eye to chin relaxed lip position
- Study model and detailed description of significant changes that have been made to the provisionals
- Bite registrations: Right, Left, Anterior
- Stick bite registration (horizontal plane parallel to interpupillary line)
- Photo of the stick bite in place
- Final restorations prescription including:
  - Product choice
  - Changes, if any, made to provisionals
  - Patient's age and sex
  - Indicate the desired length of final restorations
  - With all implant cases, indicate type and size of each implant to be restored
  - Amount of incisal translucency desired
  - Amount of surface texture desired
  - Any other special requests

*Please use in addition to original script.*