



## **ADVANCED**

### **COSMETIC SMILE DESIGN CHECKLIST**

(10 UNITS OR LESS)

DENTIST: \_\_\_\_\_

PATIENT: \_\_\_\_\_

DATE: \_\_\_\_\_

- MASTER IMPRESSION OF FULL ARCH
- LOWER IMPRESSION OR ORIGINAL MODEL  
(IF NO ADJUSTMENTS MADE)
- DIAGNOSTIC WAXUP OR TEMP MODEL
- RETURN MOUNTING PLATES
- STUMP SHADE OF CERVICAL MARGINS AND BODY
- STICK BITE
- LENGTH OF BOTH CENTRALS
- SHADE OF FINAL RESTORATIONS
- SMILE DESIGN
- PHOTOS / SLIDES IF AVAILABLE