

ALL-ON-4 & IMMEDIATE DENTURE EVALUATION FORM

ARCH TO BE RESTORE MAXILLARY MANDIBULAR

PATIENT: _____ DOCTOR: _____ EVALUATION DATE: ____/____/____

1. **VDO** No Change Increase Decrease by: _____ mm

2. **HIGH SMILE LINE**

At dental cervical No tissue showing Excessive tissue showing _____ mm

PATIENT'S CURRENT MIDLINES

Maxillary dental midline: Correct-No change Move to patient's: Right Left by _____ mm

Splayed: to right to left

Mandibular dental midline: Correct-No change Move to patient's: Right Left by _____ mm

Centrals Splayed: to right to left

3. **BUCCAL CORRIDOR**

Right side: Good-No change

Negative-Widen by _____ mm Excessive-Narrow by _____ mm

Left side: Good-No change

Negative-Widen by _____ mm Excessive-Narrow by _____ mm

4. **LIP AT REPOSE - VERTICAL INCISAL LENGTH POSITION**

No change Lengthen Shorten # _____ by _____ mm

5. **PROFILE EVALUATION**

Lip fullness: Good Excessive Insufficient

6. **HORIZONTAL INCISAL EDGE POSITION**

No Change Move buccally Move lingually # _____ by _____ mm

7. **ANALYSIS OF OCCLUSAL PLANE**

Teeth needing modification to idealize occlusal plane: #'s _____

Occlusal plane: Level Right side Left side High Low _____ mm