1. HORIZONTAL PLANE*
   a. LEVEL WITH LIPS _____________________________
   b. CANTED IN RELATIONSHIP TO LOWER LIP__________________________
      i. KEEP HORIZONTAL PLANE THE SAME____________________________
      ii. CHANGE HORIZONTAL PLANE ____________________________
*SEND NON-RETRACTED PHOTOS OF PATIENT SMILING & PATIENT AT REST

2. ANTERIOR TOOTH DISPLAY – UPPER LOWER
   a. SHOWS TOO MUCH – shorten by how much__________________________mm
   b. DOES NOT SHOW ENOUGH – lengthen by how much_______________________mm

3. MIDLINE
   a. MIDLINE IS GOOD AT INCISAL EDGE___________
   b. MIDLINE NEEDS MOVED TO LEFT / RIGHT_________mm
   c. VERTICAL ANGLE OF MIDLINE
      i. ANGLE TO LEFT / RIGHT _______mm

4. INCISAL EDGE POSITION IN ANTERIOR / POSTERIOR AND PHONETIC POSITION
   a. KEEP THE SAME
   b. MOVE INCISAL EDGE TO LINGUAL LABIAL _____________mm

5. TOOTH SIZE AND SHAPE
   a. MATCH EXISTING TEETH / STUDY MODEL
   b. CHANGE MOULD OF TEETH - SMALLER / LARGER / WIDER / NARROWER
      DESCRIBE_______________________________________________

6. TOOTH SHADE ______

7. VERTICAL DIMENSION
   a. KEEP VERTICAL DIMENSION THE SAME
   b. OPEN / CLOSE VERTICAL DIMENSION BY______mm

8. DIASTEMA
   a. NO DIASTEMAS
   b. DIASTEMAS BETWEEN TEETH______________________________
   c. DIASTEMA SIZE_____mm

9. PLANE OF OCCLUSION
   a. FOLLOW BITE RIM
   b. MAINTAIN EXISTING PLANE OF OCCLUSION
   c. CHANGE HEIGHT OR ANGLE OF PLANE OF OCCLUSION BY DOING THE
      FOLLOWING______________________________________________________________________________________________

10. OPPOSING ARCH
    a. IS THE OPPOSING ARCH GOING TO BE RESTORED (YES / NO)
    b. SET TEETH TO EXISTING OPPOSING PLANE OF OCCLUSION
    c. SET TEETH TO IDEALIZED PLANE, WHERE POSSIBLE, AGAINST THE OPPOSING ARCH IN PREPARATION FOR NEW RESTORATIONS

11. BASIC FACE FORM
    a. SQUARE / SQUARE TAPERED / TAPERING / OVOID