



# EPYK Smile Experience

Name \_\_\_\_\_

Date \_\_\_\_\_

	Existing Conditions	Possibilities
Shimbashi Measurement Adjusted	_____	_____ _____
Maximum Opening	_____	
Width to Height Ratio:	_____	_____
Golden Proportion	_____	_____
Midline	Correct <input type="checkbox"/> Yes <input type="checkbox"/> No	Shift <input type="checkbox"/> Right <input type="checkbox"/> Left _____ mm
Canting	Correct <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> High on Right <input type="checkbox"/> High on Left
Axial Inclinations	Correct <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mesially Inclined Teeth #'s _____  <input type="checkbox"/> Distally Inclined Teeth #'s _____
Soft Tissue Corrections	<input type="checkbox"/> Height and contour – Teeth #'s _____ <input type="checkbox"/> Zenith – Teeth #'s _____	

**Color Mapping**



- Translucency     Light and Notchy  
 Moderate with Halo  
 Mesial and Distal Line Angles

**Design**



- Distal Incisal     Rounded     Square  
 Laterals Shorter by \_\_\_\_\_ mm  
 Laterals Rotated Slightly Distally  
 Cuspids     Pointed     Rounded     Flat  
 Surface Texture     Smooth     Light     Heavy  
 Incisal Edge     Hollywood     Natural