

Required Photos for Anterior Cases

MAXILLARY ANTERIOR VIEW

RIGHT AND LEFT LATERAL VIEW
1:1 (1:1.5) MAGNIFICATION
RETRACTED VIEW



- In the view, the lateral incisor should be centered to bisect the image vertically.
- Horizontally the midline of the image should bisect the lateral incisor (do not use the incisal plane as the horizontal midline).
- No retractors should be visible. The gingiva adjacent to the teeth in the frame should be clearly visible.
- The opposing teeth should not be visible.
- A contrasting device is optional. If used, place it so as not to create a shadow.
- Take the image at 90 degrees to the facial of the lateral incisor.
- Rotate the image side retractor toward the posterior and the contralateral retractor slightly forward. Both retractors should be pulled out and away from the teeth.
- In a 1:1 (1:1.5) view, only 4 to 6 upper teeth should be in the frame.

USE OF A CONTRASTING DEVICE



Correct framing without contrasting device



Proper framing and placement of a contrasting device

MAXILLARY ANTERIOR VIEW

FRONTAL VIEW
1:1 (1:1.5) MAGNIFICATION
RETRACTED VIEW

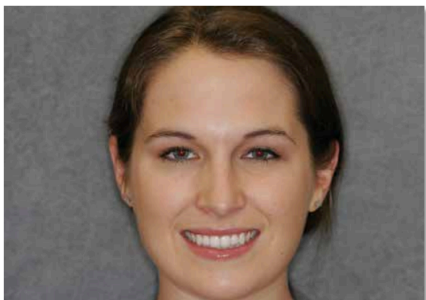


- The maxillary anterior teeth should be centered in the view, using the midline and frenum as references, to bisect the image vertically. The philtrum of the lip will not be visible.
- Horizontally the midline of the image should bisect the central incisors (do not use the incisal plane as the horizontal midline).
- No retractors should be visible. The gingiva adjacent to the teeth in the frame should be clearly visible.
- The opposing teeth should not be visible.
- A contrasting device is optional. If used, place it so as not to create a shadow.
- Take the image at 90 degrees to the subject and directly in front of the patient.
- In a 1:1 (1:1.5) view, only 4 to 6 upper teeth should be in the frame.



FULL FACE

FRONTAL VIEW
1:10 (1:15) MAGNIFICATION
NON-RETRACTED VIEW



- *Horizontal Orientation Only* – do not turn camera for vertical orientation. The image should be framed with the chin near the lower border. The head, for most patients, should be in full view. With a 1:10 (1:15) magnification, the patient's neck will probably be out of frame.
- The patient should exhibit a full *natural smile* with facial muscles relaxed.
- The patient's nose should be in the center of the image.
- Use the interpupillary line and vertical midline of the face to orient the camera. Do not use the lips or teeth to determine alignment as they are less reliable references for orientation.
- Position the patient so that no shadowing is apparent on the background. Shadows usually indicate the subject is too close to the background.
- Use a uniform, non-distracting background.
- Image should be taken directly in front of the patient. Avoid angulation problems that will affect the appearance of the incisal plane.

FULL SMILE

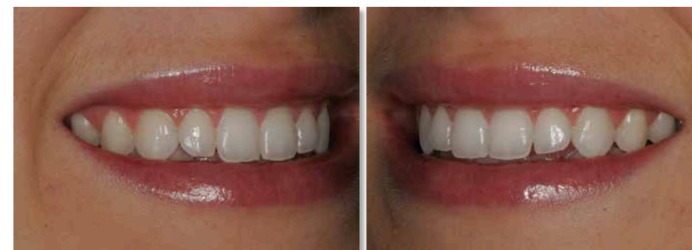
FRONTAL VIEW
1:2 (1:3) MAGNIFICATION
NON-RETRACTED VIEW



- Show a *full natural smile*. Document the maximum amount of teeth and gingiva the patient normally displays when laughing or broadly smiling. Facial muscles should appear relaxed.
- The vertical center of the slide should be the philtrum of the upper lip.
- Do not compensate for a midline discrepancy.
- The incisal plane of the upper teeth should be the horizontal midline of the image. If the patient has a canted incisal plane as evident in the full face view, it should be duplicated in this view. Do not tilt the camera to compensate for canted teeth.
- The image should be taken directly in front of the patient.
- Avoid angulation problems that will affect the appearance of the incisal plane. The camera should be 90 degrees to the subject both horizontally and vertically to prevent the illusion of a canted or inverse incisal plane.
- Using a 1:2 (1:3) magnification, the patient's lips should be completely in the frame. All teeth normally viewed in a full natural smile should be in the image. Note that mandibular teeth may not be visible.
- Focus on the centrals and laterals. Proper depth of field (achieved with a high f-stop) will allow for the other visible teeth to be in focus.
- No background is necessary for this view.

FULL SMILE

RIGHT AND LEFT LATERAL VIEWS
1:2 (1:3) MAGNIFICATION
NON-RETRACTED VIEW



- Show a *full natural smile*. Document the maximum amount of teeth and gingiva the patient normally displays. Facial muscles should appear relaxed.
- The vertical midline of the image should be the lateral incisor.
- The horizontal midline of the image should be the incisal plane, perpendicular to the vertical midline.
- Focus on the lateral incisor. Proper depth of field should allow for the other visible teeth to be in focus.
- This is not a profile (sagittal) view. The contralateral central incisor, and possibly the contralateral lateral incisor and canine should be visible, based on arch size.
- Some background may be visible. If necessary, place the background on the contralateral side of the patient in a position that will not result in shadowing. It is possible that under certain conditions, the area behind the patient may appear black even without a background, based on flash position and depth of field. Reproduce natural asymmetry.
- Maintain 1:2 (1:3) magnification.

UPPER AND LOWER TEETH

FRONTAL VIEW
1:2 (1:3) MAGNIFICATION
RETRACTED VIEW



- The upper and lower teeth should be slightly parted so the incisal edges are visible. This allows for evaluation of incisal plane and incisal embrasures.
- Show as much gingiva as possible. Position the retractors symmetrically to avoid the appearance of a canted image. Pull the retractors out and away from the teeth before exposing the image.
- Minimize the appearance of lips and retractors in the image.
- Treated teeth and adjacent tissue must be completely and clearly visible. Gingival height and contour cannot be obscured.
- The midline of the face should be used as the vertical midline of the image. The philtrum of the lip may be helpful, although retractors can cause some soft tissue distortion. Reproduce any asymmetry or canting of the teeth consistent with the full face view.
- The horizontal midline of the image should be the incisal plane of the upper teeth, perpendicular to the vertical midline.
- Position the camera directly in front and 90 degrees to the subject. Avoid tilting the camera and vertical camera angle problems (taking the image from above or below the subject).
- Focus on central and lateral incisors. Proper depth of field (high f-stop) will allow other visible teeth to be in focus.
- Tongue should be positioned away from the teeth to avoid distraction.
- A 1:2 (1:3) magnification should show both arches completely and in focus.

UPPER AND LOWER TEETH

RIGHT AND LEFT LATERAL VIEW
1:2 (1:3) MAGNIFICATION
RETRACTED VIEW



- The upper and lower teeth should be slightly parted so the incisal edges are visible. This allows for evaluation of incisal plane and incisal embrasures.
- Show as much gingiva as possible. Rotate the retractors toward the image side, while pulling the retractors out and away from the teeth.
- Minimize the appearance of lips and retractors in the image.
- Treated teeth and adjacent tissue must be completely and clearly visible. Gingival height and contour cannot be obscured.
- The vertical midline of the image should be the lateral incisor.
- The horizontal midline of the image should be the incisal plane, perpendicular to the vertical midline. Reproduce natural asymmetry.
- Focus on the lateral incisor. Proper depth of field (high f-stop) will allow other visible teeth to be in focus. Tongue should be positioned away from the teeth to avoid distraction. Maintain 1:2 (1:3) magnification.
- This is not a profile (sagittal) view. The contralateral central incisor and possibly the contralateral lateral incisor and canine should be visible, based on arch size. Remember to center the image on the lateral incisor.
- If retracted and framed properly, the contralateral cheek will obscure most of the background area.