MAGNUM WORKSHOP

FACIAL REPORT

BASIC EDITION

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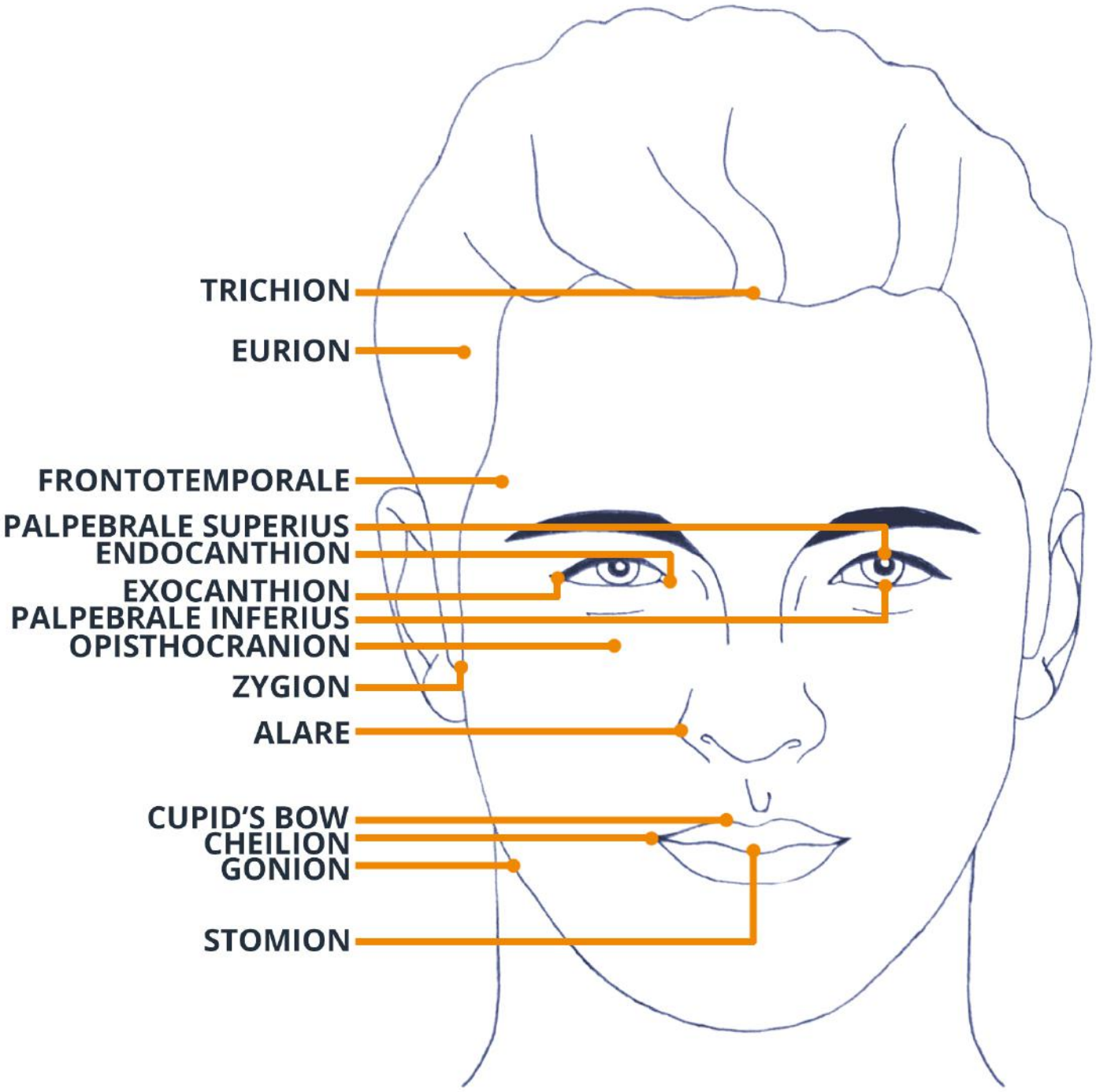
Intro

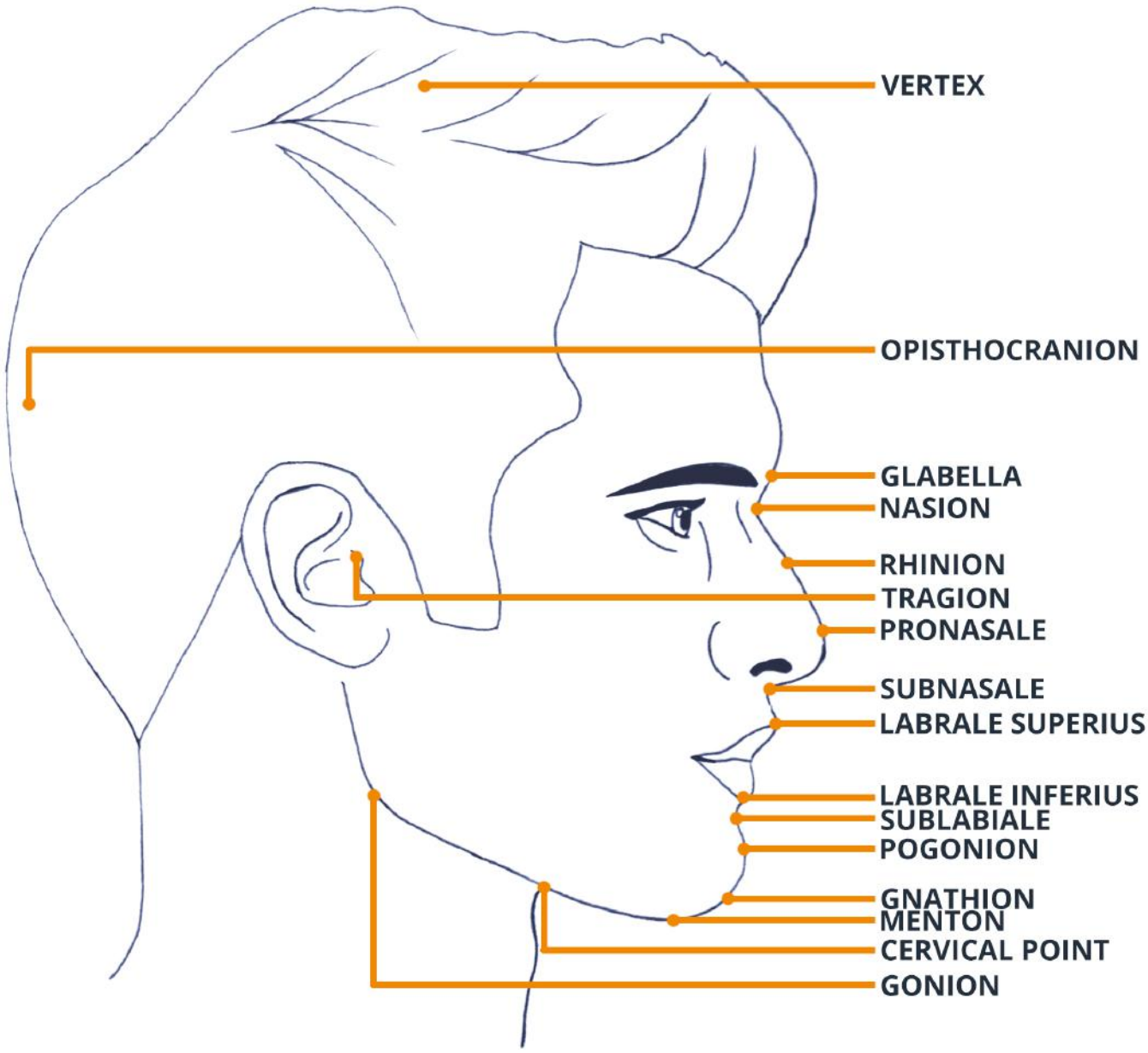
This report is meant to help increase your understanding of the respective strengths and weaknesses of your face. Most of the analysis is done via direct measurements of a photograph (photogrammetry) where possible and visual assessment where not. Keep in mind that this comes with inherent weaknesses that an in-person examination won't have, and that a consulation with a professional is necessary to confirm any findings.

Your facial measurements are compared to standardized norms for your sex and race that have been taken from cephalometric research data. Much of this data has been analyzed to fit what the researchers think the true average of the population is. If you don't fall into the 'normal' range, take it with a grain of salt, as these numbers don't necessarily represent what is normal or even attractive. You should expect many measurements to be out of the normal range, as even models don't fit every measurement perfectly. The report needs to be taken in as a whole instead of honing in on a specific measurement.

Attractiveness studies from the literature form the core basis of this report. However, many of the conclusions are based on our own internal research. Sources have been provided for further reading.

To best understand the report, use the following cephalometric landmarks on the next page as a reference:


TRICHION
EURION
FRONTOTEMPORALE
PALPEBRALE SUPERIUS
ENDOCANTHION
EXOCANTHION
PALPEBRALE INFERIUS
OPISTHOCRANION
ZYGION
ALARE
CUPID'S BOW
CHEILION
GONION
STOMION


VERTEX
OPISTHOCRANION
GLABELLA
NASION
RHINION
TRAGION
PRONASALE
SUBNASALE
LABRALE SUPERIUS
LABRALE INFERIUS
SUBLABIALE
POGONION
GNATHION
MENTON
CERVICAL POINT
GONION

Glossary:

Medial: Toward the middle or center.

Lateral: Toward the sides.

Bilateral: On both sides.

Standard Deviation: A measure of variability. One standard deviation encompasses 68% of the data, two standard deviations is 95% and three is 99.7%. A data set with a low standard deviation is one where the values are close together and don't vary by much.

Z-Score: How far from the average a data point is in standard deviations. A positive z-score means a measurement is above average, and a negative z-score tells you how far below average the data point is. Keep in mind that the z-scores calculated in this report are a rough guess.

Weighted Score: A weighted score gives more points to more important features such as the jaw, eyes, and overall facial characteristics.

Cephalometry: The measurement of the human head via medical modalities such as x-rays.

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Demographics

Sex: Male

Race: African

Bilateral Symmetry

Symmetry is a cornerstone of facial aesthetics since it indicates developmental stability. But humans aren't perfectly symmetrical. A perfectly symmetrical face would result in an uncanny & unnatural appearance. However, high degrees of symmetry are the most attractive, and obvious asymmetries can have a huge impact on facial aesthetics. Many models have asymmetries. However, there is less leeway for certain asymmetries such as those around the eye area. On the other hand, the eyebrows (which are difficult to measure accurately) and lower regions of the face such as the jaw are known to be more asymmetrical.

In this report, we will measure the distance between symmetrical points in comparison to the facial midline. Horizontal and vertical symmetry will be assessed separately, with the degree of difference between the two points being expressed in millimeters. This report will not be able to detect subtle variations in asymmetries such as on smaller regions like the columella and philtrum. This report also doesn't take into account sagittal/transverse measurements. However, frontal measurements are an adequate indicator of asymmetry.

Zygion Symmetry	2.2 mm.
Exocanthion Symmetry	1.5 mm.
Endocanthion Symmetry	0.6 mm.
Palpebrale Superius Symmetry	1.4 mm.
Palpebrale Inferius Symmetry	0.6 mm.
Alar Symmetry	0.8 mm.
Cheilion Symmetry	1.9 mm.
Gonion Symmetry	2 mm.
Inner Eyebrow Symmetry	0.7 mm.
Eyebrow Tip Symmetry	1 mm.
Cupid's Bow Symmetry	0 mm.
Pupil Symmetry	0.9 mm.
Average Asymmetry	1.1 mm.
Average Weighted Asymmetry	1.2 mm.

The subject has no noticeable asymmetries.

The jaw appears symmetrical with no evidence of mandibular/maxillary canting.

Cephalometric Averageness

Multiple studies show that average faces are perceived as more attractive, to the point that even babies respond the same way to average faces as they do to attractive faces e.g. by holding their gaze longer. This is presumably because average faces are the least likely to carry harmful mutations and are genetically diverse.

Measurement	Value	z-score
Nasofrontal Angle	130°	0
Nasal Tip Angle	67°	-3
Nasolabial Angle	64°	-4
Nasofacial Angle	39°	0
Nasomental Angle	129°	2
Labiomental Angle	131°	0
Angle of Facial Convexity	171°	1
Angle of Total Facial Convexity	147°	1
Mentocervical Angle	92°	1
Bizygomatic Width	13.4 cm.	0
Bigonial Width	11.7 cm.	2
Nasal Width	4.3 cm.	2
Mouth Width	5.6 cm.	0
Philtrum Length	1.1 cm.	-3
Forehead Height 1	5.7 cm.	0
Forehead Height 2	7.1 cm.	3

Measurement	Value	z-score
Physiognomical Face Height	17 cm.	-1
Upper Face Height	5.7 cm.	-4
Lower Face Height	5.9 cm.	-3
Midface Height	6.9 cm.	1
Nose Height	4.4 cm.	-1
Nasal Bridge Length	4 cm.	2
Nasal Tip Protrusion	1.5 cm.	0
Upper Lip Height	2.2 cm.	-3
Lower Lip Height	1.8 cm.	-2
Vermillion Upper Lip Height	13.2 mm.	0
Vermillion Lower Lip Height	15.4 mm.	2
Mandible Height	3.9 cm.	-2
Intercanthal Width	3.1 cm.	-1
Interpupillary Width	60.8 mm.	-2
Outercanthal Width	86.6 mm.	-3
Eye Fissure Width	27.9 mm.	-2

Total Averageness Score: 1.5

An averageness score of zero represents the most average face possible.

The subject is relatively average looking.

Total Weighted Averageness Score: 2.3

The subject has a relatively average face and should be considered attractive or at least have a good base for improving their facial aesthetics.

Overall Skull & Face Characteristics

Cephalic Index

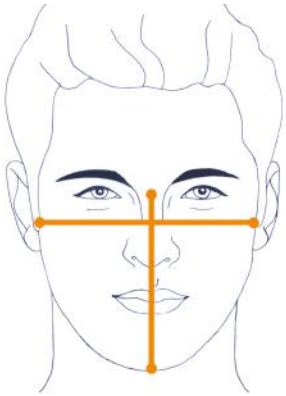
The cephalic index is a measure of the ratio between the head width and length when viewed from above (Naini, 2011)[1] Human skulls can be subdivided into three basic categories based on the cephalic index:

1) Dolichocephalic (long head)
2) Mesocephalic (average head)
3) Brachycephalic (short-wide head)

According to the subject's estimated cephalic index of 154.4, the subject's overall anatomical head type is ultra-brachycephalic. This is an extremely short wide head. Brachycephalic skulls are long from side-to-side, and narrow from front to back.

It's important to note however that the cepahlic index is difficult to measure via photographs and is inaccurate without a top-down perspective picture. The measurement provided here is at best, a rough guess.

Facial Index



The facial index is the ratio between the height of the face and the width of the face when viewed from the front (Naini, 2011)[1]. Human face types can be subdivided into three basic categories based on the facial index:

1) Euryprosopic (broad face)
2) Mesoprosopic (average face)
3) Leptoprosopic (tall, narrow face)

According to the subject's estimated facial index of 92.1, the subject's overall anatomical face type is leptoprosopic. This is a tall and narrow face. Leptoprosopic faces are vertically wide and horizontally short when viewed from the front.

Mesoprosopic faces are considered the most attractive, likely because they are the most average (Verma & Chitra, 2019)[2].

Craniofacial Height to Width Ratio

The craniofacial height to width ratio compares the width of the face at the cheekbone level to the height of the entire skull, and it should be around 60%(Naini, 2011)[1].

The subject's craniofacial height to facial width ratio was measured to be 70%.

Physiognomical Height to Width Ratio

The physiognomical height to width ratio compares the bizygomatic width to the physiognomical height of the face (trichion to menton). Normally, this value is in the range of 70-75%(Naini, 2011)[1]

The subject's bizygomatic width to physiognomical face height ratio is 70%, which means the face shape is relatively normal.

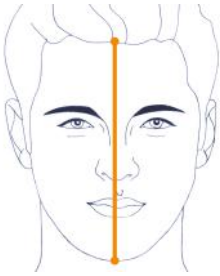
Forehead Width

The forehead width is normally 80-85% of bizygomatic width(Naini, 2011)[1]. The subject's bitemporal to bizygomatic width ratio is 91%.

Physiognomical Face Height

Physiognomical face height refers to the part of the face that goes from the hairline to the chin, or from tricheon to menton.

Physiognomical Facial Height
Value: 170.3 mm.
Normal Range: 160.1 - 198.1 mm. (Adelaja et al., 2016)[3]
Z-Score: -0.9

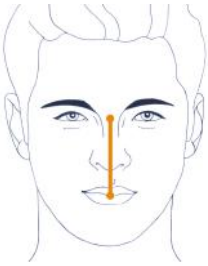


The estimated physiognomical face height is average.

Upper Face Height

Upper face height refers to the part of the face that goes from the eye to the lip, or from nasion to stomion.

Upper Facial Height
Value: 57.3 mm.
Normal Range: 66.8 - 86 mm. (Ernest et al., 2018)[4]
Z-Score: -4

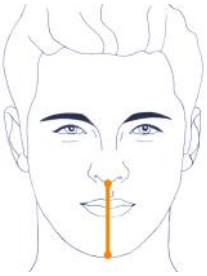


The estimated upper face height is below average.

Lower Face Height

Lower face height refers to the part of the face that goes from under the nose to the bottom of the chin, or from subnasale to gnathion.

Lower Facial Height
Value: 59.4 mm.
Normal Range: 64.4 - 80 mm. (Wen et al., 2016)[5]
Z-Score: -3.3

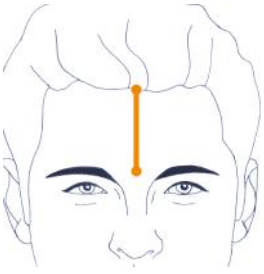


The estimated lower face height is below average.

Forehead Height 1

Forehead height 1 measures the forehead from the trichion to glabella.

Forehead Height 1
Value: 57.3 mm.
Normal Range: 45.1 - 71.8 mm. (Wen et al., 2016)[5]
Z-Score: -0.2

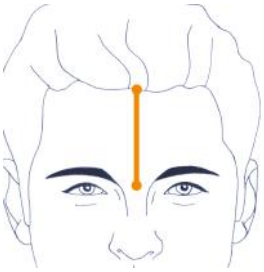


The estimated forehead height is average.

Forehead Height 2

Forehead height 2 measures the forehead from the trichion to nasion.

Forehead Height 2
Value: 71 mm.
Normal Range: 56.1 - 69.3 mm. (Farkas et al., 2005)[6]
Z-Score: 2.5



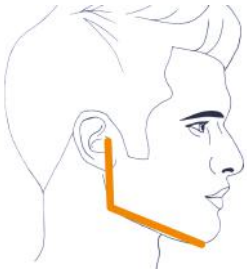
The estimated forehead height is above average.

The Lower Third

The lower third of the face consists of the mandible (lower jaw) and part of the maxilla (upper jaw). Its appearance is largely dictated by the mandible, which has the biggest impact on the appearance of the facial profile and silhouette. This makes it one of the most important markers of facial aesthetics. Correcting a deficient chin or mandible is relatively easy and provides one of the largest improvements in appearance.

Gonial Angle

Gonial Angle
Value: 115.4°
Normal Range: 114 - 138°(Bhatia & Leighton., 2010)[7]
Z-Score: -1.8



The gonial angle, also known as the angle of the jaw, is created by the mandible's ramus and mandibular body.

The subject has an acute gonial angle, which will be seen as more masculine but not necessarily appeal to the maximum number of people. A decreased gonial angle is associated with anterior mandibular growth rotation (a jaw that has tilted upwards too much). However, the gonial angle is difficult to visualize via a photograph has a high measurement error.

Facial Angle

The facial angle is the angle created by the Frankfort horizontal plane and a line drawn from nasion to pogonion. It provides a rough estimate of the prominence of the chin, but cannot differentiate whether abnormalities stem from mandible size, mandible position, or size of the chin’s soft tissues. The facial angle is generally between 90 and 92 degrees. Higher facial angles were common in models and Greek statues. Lower values are very common among modern humans. This measurement also has a high measurement error and individual variability in the Frankfort horizontal plane can also throw off the measurement.

The subject’s facial angle is estimated at 88.8, which might indicate a retrusive chin. However, this is potentially normal, given the subject's African ethnicity.

Facial Convexity Angle

The facial convexity angle describes how convex or concave the face appears from a side profile, and is another method of assessing the prominence of the lower third. It is the angle created by lines drawn from the glabella to subnasale, and subnasale to pogonion.

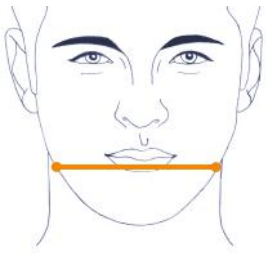
Facial Convexity Angle
Value: 170.8°
Normal Range: 161.9 - 175.3°(Wen et al., 2016)[5], 158.3 - 178.1°(Fernández-Riveiro et al., 2003)[8]
Z-Score: 0.7

The estimated facial convexity angle indicates average jaw skeletal class and alignment. The chin is relatively in line with the midface and not of aesthetic concern.

Bigonial Width

The bigonial width, also known as jaw width, is the size of the jaw from one gonion to the other, or, in other words, the width of the jaw from a frontal profile. Having a large bigonial width is what we normally think of as 'having a large jaw' and contributes to a masculine appearance.

Bigonial Width
Value: 117 mm.
Normal Range: 94.8 - 118.4 mm. (Virdi et al., 2019)[9]
Z-Score: 1.8



The estimated bigonial width is average.

Bigonial Width to Bizygomatic Width Ratio

A more useful metric for jaw size is the ratio of the bigonial width to bizygomatic width, as this determines whether your jaw is in harmony with the rest of your face. The normal ratio is 70-75% (Naini, 2011)[1].

However, according to Mommaerts (2016)[10], a larger bigonial to bizygomatic width of about 95% (closer to 100%) is preferred in men as it creates a more masculine look and square face shape.

The subject's bigonial to bizygomatic width ratio is 87%, which is normal.

Gonion Analysis

The gonion is where the body and ramus of the jaw meet, which creates the angle of the jaw. For an attractive jawline, the gonion needs to both be prominent and have the appropriate curvature. Prominence is determined by body fat composition and jaw size. Curvature depends largely on the gonial angle but also the strength of the masseter muscles.

The subject has a normal gonion curvature which is neither too obtuse or acute, but is the ideal gonion curvature for men (Mommaerts, 2016)[10].

The subject's gonion is barely visible in the provided image and difficult to discern. Factors such as lighting, body fat and mandibular recession can all contribute to gonion prominence. Since the subject's gonion is barely visible in the provided photo, assessment of the gonion curvature is subject to a high degree of error. This is relatively common as the gonial angle is difficult to visualize on photographs unless under ideal lighting conditions.

Chin Width

The width and prominence of the chin is a highly dimorphic trait. Men are expected to have large, wide chins whereas women are expected to have soft, small chins.

The subject has an average chin which should appear attractive to most people.

Mandible Height

Mandible height measures the height of the lower jaw.

Mandible Height
Value: 38.9 mm.
Normal Range: 37.8 - 55.8 mm. (Ernest et al., 2018)[4]
Z-Score: -1.8

The estimated mandible height is average.

Frankfort-Mandibular Plane Angle

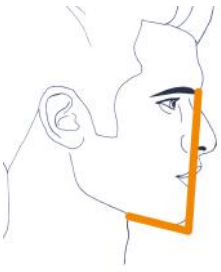
The mandibular plane angle is the angle created by the mandible and the Frankfort horizontal plane. For an accurate assessment, hard tissue cephalometric measurements are ideal (x-rays). However, the mandibular plane angle can also be roughly estimated with soft tissue measurements, though good visualization of the gonion and orbitale are required.

The subject's estimated mandibular plane angle is 21.4°, which is normal.

Mentocervical (Cervicomental) Angle

The mentocervical angle has been used to describe completely different parameters. Most commonly, and in this report, it refers to the angle created by the submental region and the facial plane. Excessive neck fat and a low-set hyoid will create a high mentocervical angle. In general, the lower this angle is, the better.

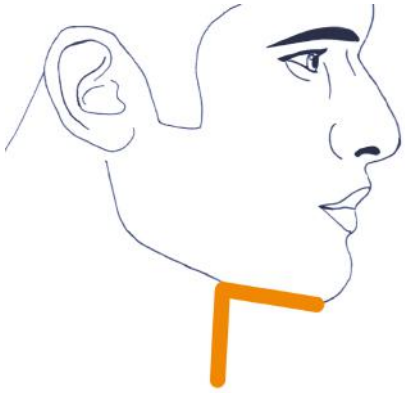
Mentocervical Angle
Value: 92.3°
Normal Range: 84.1 - 94.6°(Wen et al., 2016)[5]
Z-Score: 1.1



The estimated mentocervical angle is average.

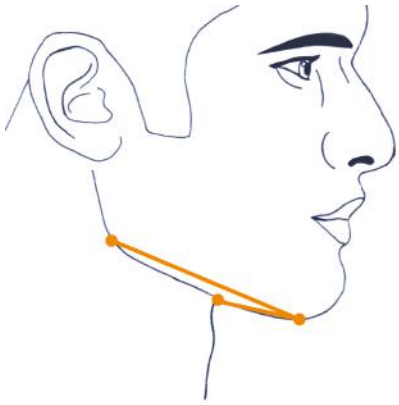
Submental-Cervical Angle

The submental-cervical angle is the angle where the jawline meets the neck. It's a great indicator of how defined your jawline is, and also a good marker of forward growth of the jaw. However, this angle has a high degree of measurement error.



The subject's submental-cervical angle is 116.1°, which is normal and appears youthful according to Ellenbogen & Karlin (1980)[11].

Submental Jaw Angle



The amount of fat and tissue under the jaw determines how sharp the jaw appears. It is determined largely by forward growth of the jaw, good oral posture during development, and most importantly the amount of fat present in the submental region. The submental-jaw angle directly measures the submental region.

The subject's submental-jaw angle is 22.4°, which is relatively average, but could be improved by weight loss and proper oral posture.

The Eye Area

The eye area is one of the most important and expressive parts of the face. Research shows that during interactions, people spend the most time looking at the eyes. The eyes are frequently hidden/blurred to anonymize photos and provide cues to general health.

Undereye Hollowing

The maxilla and facial soft tissues support the eyes in the area called the tear trough. A lack of adequate eye support creates sunken eyes and a hollow look in the undereye region. However, if the hollowing has persisted since childhood then it is most likely genetic. But the subject has no obvious undereye hollowing.

Lower Eyelid Margin Health

The subject appears to have healthy eyelids with no evidence of entropion or ectropion.

Canthal Tilt

Canthal tilt is a sign of good facial development. As the maxilla and cheekbones push upwards on the orbits due to proper tongue posture and occlusal force, the lateral orbital rim rises as well, creating an alert cat-eye appearance. On the other hand, a negative canthal tilt appears tired and droopy. According to a study performed by Bashour & Geist (2007)[12], 93% of people preferred faces with a positive canthal tilt. Though the study was performed on women, it can be extrapolated to men as well because it's a sign of overall good facial development. The vast majority of male models have a positive canthal tilt.

Total Canthal Tilt
Value: 2°
Normal Range: -2° - 6° (Farkas, 1994)[13]
Z-Score: 0

Right Canthal Tilt: +4.4°

Left Canthal Tilt: -0.3°

The subject has a positive canthal tilt of the right eye, which is considered conventionally attractive. The subject has a neutral canthal tilt of the left eye. However, the canthal tilt is overall positive and the discrepancy appears to be from the subject tilting their head and/or the misaligned photo.

Eyebrow Ptosis

The subject doesn't appear to have ptotic (drooping) upper eyelids.

Upper Eyelid Exposure

People with alert, attentive faces appear more attractive than people who look tired (Sundelin et al., 2017).[14] A huge contributor to the tired appearance is upper eyelid exposure, which creates a sleepy effect (Knoll et al., 2008).[15]

The pretarsal region is the area between the upper eyelid crease and lash line, which determines the amount of upper eyelid exposure. According to Vaca et al. (2019)[16], the ideal amount of pretarsal show is around 3-6 mm.

The subject has 4.6 mm. of pre-tarsal show on the left and 4.4 mm. of pre-tarsal show on the right.

The subject doesn't have any significant degree of asymmetry between the upper eyelids. Also, his upper eyelid show is within the ideal 3-6 mm. range

Medial/Lateral Eyebrow Droop

With normal aging, the medial and lateral aspects of the eyebrow tend to descend, contributing to a tired or angry look. The subject does not appear to have age-related drooping of the medial or lateral aspects of the eyebrows.

Medial Canthus Angle

An attractive eye area has a medial canthus that points down instead of to the side. This is an indicator of deep-set eyes that are pushed back into the skull. A high medial canthus angle generally means that the eyes are more hooded and properly developed, though East Asians naturally have more hooded eyes and a larger medial canthus angle.

The subject's average medial canthus angle between both eyes is 75.3°.

The subject's medial canthus angle is greater than 35 degrees, which can be an indicator of an attractive eye area

Scleral Show

An ideal eye area has a minimum amount of the sclera (white) showing. A lot of scleral show is a sign of lower eyelid retraction.

There is no evidence of scleral show based on the provided frontal photograph.

Intercanthal Width

Intercanthal width measures the width between the medial eye canthi.

Intercanthal Width
Value: 30.9 mm.
Normal Range: 28.3 - 43.1 mm. (Murphy et al., 1990)[17]
Z-Score: -1.3

The estimated intercanthal width is average.

Interpupillary Width

Interpupillary width measures the distance between the two pupils.

Interpupillary Width
Value: 60.8 mm.
Normal Range: 59.1 - 73.5 mm. (Murphy et al., 1990)[17]
Z-Score: -1.5

The estimated interpupillary width is average.

Outercanthal Width

Outercanthal width measures the width between the lateral eye canthi.

Outercanthal Width
Value: 86.6 mm.
Normal Range: 91.2 - 105.2 mm. (Virdi et al., 2019)[9]
Z-Score: -3.3

The estimated outercanthal width is below average.

Eye Fissure Width

Eye fissure width measures the width of the eye.

Eye Fissure Width
Value: 27.9 mm.
Normal Range: 27.2 - 40.8 mm. (Virdi et al., 2019)[9]
Z-Score: -1.8

The estimated eye fissure width is average.

Eye Fissure Height

Eye fissure height measures the height of the eye.

Eye Fissure Height
Value: 7.3 mm.
Normal Range: 8.2 - 13 mm. (Eze et al., 2013)[18]
Z-Score: -2.8

The estimated eye fissure height is below average.

Eyebrow Height

The brow ridge to IPD ratio is a great benchmark for determining how low or high set the eyebrows are and is calculated by dividing the IPD (interpupillary distance) with the distance from the eyebrow to pupil.

The subject has an IPD ratio of 2.4, which indicates high set eyebrows. High-set eyebrows are generally unattractive on men.

The Midface and Cheekbones

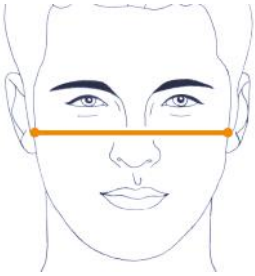
Cheekbone Height

The subject appears to have average height cheekbones based on the provided frontal photograph. Most people have average height cheekbones.

Face (Bizygomatic) Width

The width of the face, also known as bizygomatic width, measures the width of your face at your cheekbones at their widest point.

Width of the Face
Value: 134.4 mm.
Normal Range: 113 - 162.2 mm. (Wen et al., 2016)[5]
Z-Score: -0.3



The estimated face width is average. The subject also has visible cheek hollows, which is considered attractive.

FWHR

FWHR is the facial width to height ratio. It essentially determines how wide the face is perceived. FWHR also carries with it several other assumptions that humans make about behavior, whether they are accurate or not.

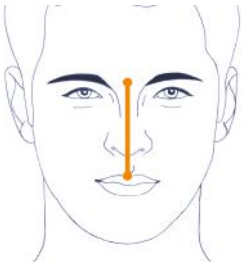
The FWHR is determined by dividing the facial width (bizygomatic width) by the facial height. The bizygomatic width is the distance between the right and left zygion. The facial height isn't measured consistently among researchers but most often it refers to the distance from the upper lip to the eyelids (nasion). The link between FWHR and attractiveness is not well established.

The subject has a facial width to height ratio of: 1.9, which is an average FWHR. The subject is within one standard deviation of the average FWHR (Kosinski, 2017)[19].

Midface Height

Midface height refers to the middle part of the face. It is measured from the glabella to the labrale superius.

Midface Height
Value: 69 mm.
Normal Range: 51.9 - 73.7 mm. (Wen et al., 2016)[5]
Z-Score: 1.1

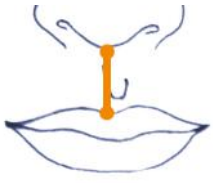


The estimated midface height is average.

Philtrum Length

The philtrum length is the distance from the top of the upper lip to the bottom of the nose. Its length plays an important role in how long your midface appears. Since the maxilla sinks with age, a long philtrum can contribute to the appearance of an old long-looking face, whereas a short philtrum is a youthful baby-faced feature.

Philtrum Length
Value: 11.3 mm.
Normal Range: 12.9 - 18.1 mm. (Virdi et al., 2019)[9]
Z-Score: -3.2



The estimated philtrum length is below average.

Cheek Hollows and Fullness

After puberty, the baby cheek fat normally disappears to show any underlying cheek hollows. Hollow cheeks signify sexual maturity whereas full cheeks signify youth. Men are generally expected to fall into the former category but obvious cheek hollows aren't a requirement for an attractive midface.

The subject has full cheek hollows but not too full, which appears aesthetic and youthful.

The Nose

Nasal Index

The nasal index is simply the relationship between the width and height of the nose. It varies greatly between ethnicities. The subject's nasal index is 99.2, which is classified as platyrrhine. These types of noses are wide and flat.

Columellar-Alar Relationship

The relationship between the columella and ala determines the aesthetics of the lower third of the nose. The columella-alar relationship can be divided into 6 different types (Gunter et al., 1996)[20].

The amount of columellar show was measured at 0.5 mm, which is normal. In addition, the columellar-alar relationship appears normal based off a quick visual assessment.

Nasofrontal Angle

The nasofrontal angle measures the angle created by the nose and brow ridge when viewed from a side profile.

Nasofrontal Angle
Value: 130.3°
Normal Range: 126.5 - 133.1° (Farkas, 1994)[13]
Z-Score: 0.3

The estimated nasofrontal angle is average.

According to Naini et al. (2016)[21], a nasofrontal angle of 130 degrees is ideal. Though Naini et al. only researched Caucasian men, it can still be useful to compare the subject to eurocentric standards. The subject matches this very closely and essentially has an ideal nasofrontal angle.

Nasal Tip Angle

The nasal tip angle is the angle created by the bridge of the nose and the columella. Essentially, it's measuring how pointy your nose is overall.

Nasal Tip Angle
Value: 67.4°
Normal Range: 70.6 - 87.3° (Wen et al., 2016)[5]
Z-Score: -2.8

The estimated nasal tip angle is below average.

Nasolabial Angle

The nasolabial angle is the angle created by the philtrum and the columella.

Nasolabial Angle
Value: 64.5°
Normal Range: 76.6 - 98.5°(Wen et al., 2016)[5]
Z-Score: -4.2

The estimated nasolabial angle is below average. However, the nasolabial angle is also difficult to measure and has a high measurement error.

Nasofacial Angle

The nasofacial angle is the angle of the nasal structure as it pertains to the perpendicular line of a person's facial plane.

Nasofacial Angle
Value: 39.2°
Normal Range: 36.8 - 41.4°(Wen et al., 2016)[5]
Z-Score: 0.1

The estimated nasofacial angle is average.

Nasomental Angle

The nasomental angle is the angle created by the line from the nasion to the tip of the nose and the line from the tip of the nose to the chin.

Nasomental Angle
Value: 129.3°
Normal Range: 119.9 - 128.6°(Wen et al., 2016)[5]
Z-Score: 2.3

The estimated nasomental angle is above average.

Labiomental Angle

The labiomental angle is the angle created by the lower lip and chin.

Labiomental Angle
Value: 131.4°
Normal Range: 122 - 138.5°(Wen et al., 2016)[5]
Z-Score: 0.3

The estimated labiomental angle is average.

Total Facial Convexity Angle

Like the facial convexity angle, the total facial convexity angle also describes how convex the face appears from a side profile, but it incorporates the protrusion of the nose. It is the angle created by lines drawn from the glabella to pronasale, and pronasale to pogonion.

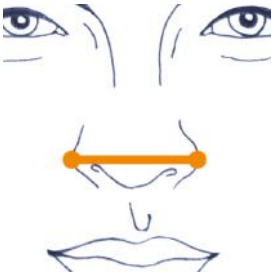
Total Facial Convexity Angle
Value: 146.5°
Normal Range: 139.6 - 150.3°(Wen et al., 2016)[5]
Z-Score: 0.6

The estimated total facial convexity angle indicates normal jaw skeletal class and alignment.

Nasal Width

Nasal width measures the width of the nose from the side of each ala from a frontal view.

Nasal Width
Value: 43.4 mm.
Normal Range: 35.6 - 43.2 mm. (Virdi et al., 2019)[9]
Z-Score: 2.1

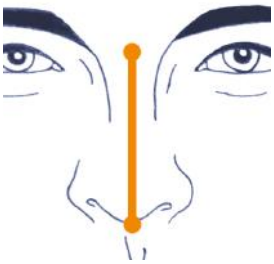


The estimated nasal width is above average.

Nose Height

Nose height measures the height of the nose. It is measured from the nasion to the subnasale.

Nose Height
Value: 43.8 mm.
Normal Range: 39 - 57.1 mm. (Wen et al., 2016)[5]
Z-Score: -0.9



The estimated nose height is average.

Nasal Bridge Length

Nasal bridge length measures the height of the nose bridge. It is measured from the nasion to the pronasale.

Nasal Bridge Length
Value: 40.4 mm.
Normal Range: 22 - 42.4 mm. (Farkas, 1994)[13]
Z-Score: 1.6

The estimated nasal bridge length is average.

Nasal Tip Protrusion

Nasal tip protrusion measures the nose's distance from the face and can be a good indicator of maxillary forward growth. It is measured from the subnasale to the pronasale.

Nasal Tip Protrusion
Value: 14.9 mm.
Normal Range: 7.7 - 20.7 mm. (Wen et al., 2016)[5]
Z-Score: 0.2

The estimated nasal tip protrusion is average.

Nasal Height to Projection Ratio

A better indicator of nasal projection is the nasal height to projection ratio, which analyzes the harmony of the nasal projection vs. the nasal height from a side profile. This ratio is determined by dividing the length of a line from the nasion to subnasale and a line that is perpendicular which runs to the pronasale. Normally, the nasal height to projection ratio should be around 3. The lower the ratio, the more projected the nose is, and vice-versa.

The subject's nasal height to projection ratio is 3.2, which is normal.

Dorsum Evaluation

An aesthetic nose has a nasal dorsum that is relatively straight. However, men usually have a dorsal hump.

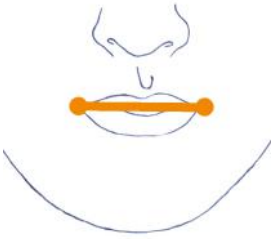
The subject has a straight dorsum, which is normal.

The Mouth Area

Mouth Width

Mouth width measures the width of the mouth from a frontal view.

Mouth Width
Value: 56 mm.
Normal Range: 49.3 - 62.9 mm. (Virdi et al., 2019)[9]
Z-Score: 0



The estimated mouth width is average.

Upper Lip Height

Upper lip height in cephalometry measures not just the upper lip, but the upper lip and the philtrum. A large upper lip contributes to the appearance of a long midface.

Upper Lip Height
Value: 22.1 mm.
Normal Range: 22.9 - 28.1 mm. (Virdi et al., 2019)[9]
Z-Score: -2.6

The estimated upper lip height is below average. This can create an increased interlabial gap and incisor exposure at rest.

Lower Lip Height

Lower lip height in cephalometry measures not just the lower lip, but the lower lip and the chin (measured to the sublabiale). A large lower lip height will look masculine, but a low lower lip height will create the appearance of a weak or small chin.

Lower Lip Height
Value: 18.2 mm.
Normal Range: 18.7 - 26.3 mm. (Virdi et al., 2019)[9]
Z-Score: -2.3

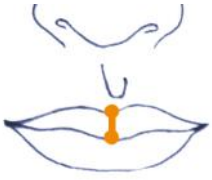
The estimated lower lip height is below average.

Vermillion Upper Lip Height

Full, pouty lips are sexually attractive on both males and females, but it is an especially underrated feature in men. Hier et al. (1999)[22] have shown that women prefer full lips on men even more than men prefer full lips on women. Full lips can contribute to a 'macho' aesthetic for men.

Vermillion upper lip height measures the height of the upper lip from a frontal view.

Vermillion Upper Lip Height
Value: 13.2 mm.
Normal Range: 11.1 - 16.3 mm. (Virdi et al., 2019)[9]
Z-Score: -0.4

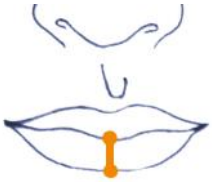


The estimated vermillion upper lip height is average.

Vermillion Lower Lip Height

Vermillion lower lip height in cephalometry measures the height of the lower lip down to the sublabiale.

Vermillion Lower Lip Height
Value: 15.4 mm.
Normal Range: 12 - 15.6 mm. (Virdi et al., 2019)[9]
Z-Score: 1.8



The estimated vermillion lower lip height is average.

Lip Line at Rest

The subject appears to have incomplete lip seal and open-mouth posture. However, this is common in certain African and Asian ethnicities. The decreased upper and lower lip heights prevents full coaptation of the lips. The decreased upper lip height prevents full coaptation of the lips. The large, flaccid lower lip tends to hang open much easier than if the lips were thin.

Upper Lip Analysis

The upper lip sulcus depth is essentially how deep the curve is that's created by the upper lip and the base of the nose. The subject's upper lip sulcus is not visible, which is a normal finding but might also stem from genetically small lips, retrusion, or retroclination of the upper incisors and/or maxillary retrognathism. The upper lip curl appears normal.

Lower Lip Analysis

The lower lip sulcus depth is essentially how deep the curve is that's created by the lower lip and the chin. The subject's lower lip sulcus depth is 4.7 mm, which is normal. The lower lip curl appears normal.

Rickett's Esthetic Line

The esthetic plane created by Dr. Robert Ricketts analyzes the relationship between the lips, nose, and chin. It's an excellent tool for analyzing lip protrusion. A line is drawn from pronasale to pogonion and the protrusion of the lips is then compared. African ethnicities tend to have larger lips, bimaxillary dentoalveolar protrusion, as well as reduced chin and nose protrusion. As a result, the lips will be at or well in front of the esthetic line.

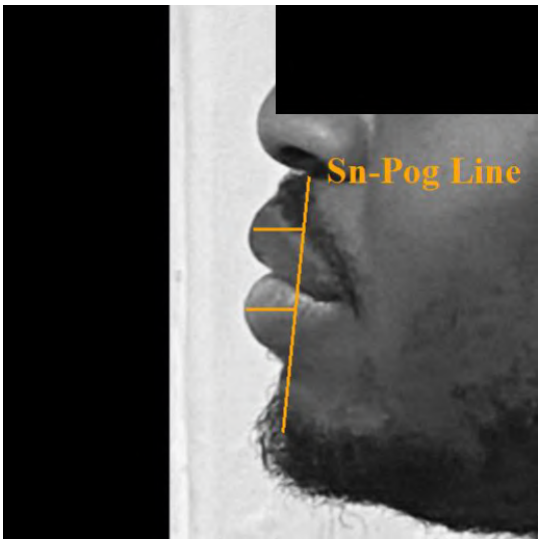
The upper lip is 2.6 mm. in front of the E-line.

The lower lip is 5.4 mm. in front of the E-line.

The subject's E-line doesn't show any obvious abnormalities.

Subnasale/Pogonion Line

The subnasale/pogonion line also analyzes lip protrusion, but it takes the nose out of the equation by comparing the lips to a line drawn from the subnasale to the pogonion. As is the case with Rickett's esthetic line, African ethnicities tend to have larger lips, bimaxillary dentoalveolar protrusion, as well as reduced chin protrusion. As a result, the lips can be at an even further distance in front of the Sn/Pog line.



The subject's upper lip is 10.1 mm. from the Sn-Pog line.

The subject's lower lip is 9.9 mm. from the Sn-Pog line.

Philtral Columns

The subject appears to have normal and prominent philtral columns, which appear attractive.

Facial Harmony

Harmony is difficult to define. Most people agree that a harmonious face is one in which all the features relate well to each other. Therefore, we believe the best way to measure harmony is with ratios. This section will take a look at some overarching ratios of the face and determine how well they fit what humans subjectively consider to be 'harmonious'.

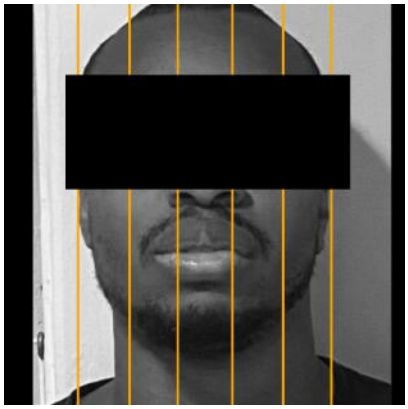
The artists of the Renaissance period developed aesthetic ideals known as neoclassical canons. Chief among them was the idea that the face could be divided into equal horizontal facial thirds and vertical facial fifths. These canons were used in art for centuries and are still used in textbooks and by plastic surgeons and orthodontists to inform treatment planning today. However, current anthropometric research shows that humans don't fit into these proportions perfectly. While these neoclassical canons represent an aesthetic ideal, they don't necessarily represent real or even attractive humans. Even elite models rarely fit these proportions.

Facial Fifths

A harmonious face is generally considered to be divided into equal vertical facial fifths. Normal deviations in ear protrusion, combined with lens distortion, can throw off the lateral facial fifths. However, large deviations can still present an aesthetic concern.

This table shows the facial fifths starting from left to right. The ratio shows the measurement in relation to the smallest eye width fifth.

Measurement	Value	Ratio
Right Ear to Right Lateral Canthus	29.1 mm.	107
Right Lateral Canthus to Right Medial Canthus	27.1 mm.	100
Right Medial Canthus to Left Medial Canthus	30.8 mm.	114
Left Medial Canthus to Left Lateral Canthus	28.6 mm.	106
Left Lateral Canthus to Left Ear	27.1 mm.	100



Facial Thirds

A harmonious face is also considered to be able to be divided into equal horizontal facial thirds. Small deviations can generally be ignored. The upper and lower facial thirds can also be difficult to measure correctly in photographs.

This table shows the facial thirds starting from top to bottom. The ratio shows the measurement in relation to the middle third.

Measurement	Value	Ratio
Upper Third (Tr to G)	46.9 mm.	74
Middle Third (G to Sn)	63.4 mm.	100
Lower Third (Sn to Me)	80.4 mm.	127

The subject's upper third appears too small for their midface. However, smaller foreheads don't present a serious aesthetic concern.

The subject's lower third appears too large for their midface. However, a larger lower third isn't a serious aesthetic concern for men.

Almost all attractive male celebrities and models have the lower third as their longest third. The lower third should be about 35-40% of the face. A value of 38% would fit the golden ratio.

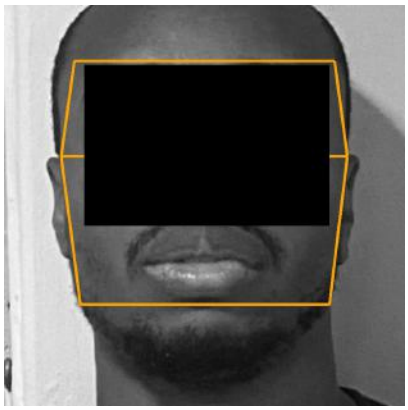
At 42.1%, the subject's lower third is far above the 35-40% range, implying excessive downward mandibular growth.

Facial Taper

Facial taper determines the overall shape of the face from a front view. It is determined by analyzing the three main widths of the face: bitemporal (forehead) width, bizygomatic (cheek) width, and bigonial (jaw) width. Decisions on hairstyle, makeup, and grooming revolve around your face shape and facial taper. The normal ratios for facial taper are around 83/100/76. Ideal facial taper ratios are a topic of debate, and most likely vary with sex and individual facial features.

The table below shows the three facial measurements starting from the forehead. The ratio column shows the measurement in relation to the bizygomatic width.

Measurement	Value	Ratio
Bitemporal Width	122.3 mm.	91
Bizygomatic Width	134.4 mm.	100
Bigonial Width	117 mm.	87



Mouth to Nose Ratio

The mouth-to-nose ratio is useful for determining if the nose is too big for the mouth or vice versa. A good mouth-to-nose ratio is 1.4-1.6. Sometimes, the mouth-to-nose ratio can match the golden ratio in certain people (1.61), but this is uncommon even in models and represents a relatively high ratio. Men should not be expected to hit this golden ratio because of their wider and more masculine noses. Smiling brings the mouth and nose more in line with the golden ratio.

The subject's mouth-to-nose ratio is 1.3, which is normal.

Chin to Philtrum Ratio

The chin to philtrum ratio is a good benchmark for how big the chin looks. If this ratio is too big, the chin looks oversized, and if it's too small the chin looks small and weak.

The subject has a high chin to philtrum ratio of 3.44, which creates the appearance of an overly large chin. It creates a masculine look but is not aesthetic.

Nose to Philtrum Ratio

The nose to philtrum ratio measures the height of the nose by the height of the philtrum. It helps determine how elongated your philtrum and face looks. If this ratio is too high or low, the face appears longer due to either the nose or philtrum. A ratio of around 2.5 is just right but is normally slightly smaller in men.

The subject's nose to philtrum ratio is 3.87, which is normal.

Midface Ratio

The midface ratio is a better way of analyzing the midface than just looking at the length of the middle third. The midface ratio incorporates the philtrum which, if too long, also contributes to the appearance of a long midface. The midface ratio is determined by taking the interpupillary distance and dividing it by the midface from the nasion to the labrale superius. The ideal midface ratio is around 1.0 to 1.1.

The subject's midface ratio is 1.17, which is high. The midface is too short and can create an uncanny look.

Upper Lip to Lower Lip Ratio

The upper lip to lower lip percentage is normally around 30% vs. 70%. However, larger values are sometimes acceptable and create a macho lip effect.

The subject's upper lip to lower lip ratio is 49.5% vs. 50.5%.

The subject's upper lip appears larger than normal.

Medial Limbal Width vs. Mouth Width

The width of the mouth and the medial limbal width should be roughly the same. The medial limbal width is the distance between the sides of the iris that are closest to the nose.

The mouth width is 56 mm, and the medial limbal width is 49.8 mm.

Leonardo's Commissure-Limbus-Eyebrow Peak Line

To determine the ideal location of the peak of the eyebrow arch, a line is drawn from the oral commissure to the peak of the eyebrow. This line should also intersect the lateral limbus. This is a difficult standard to match as the interpupillary width, maxilla height, and mouth width can all easily throw this off. Usually, people might match this line on one side, but not both. In this report, we will determine the angle between the subject's commissure-eyebrow peak line, and the commissure-eyebrow peak line if it was in line with the lateral limbus. An angle of 0° is perfect.

The deviation from the ideal commissure-limbus-eyebrow peak on the right is 5.4°, and on the left is 4.1°. The subject does not match Leonardo's commissure-limbus-eyebrow peak line on the right side but closely matches Leonardo's commissure-limbus-eyebrow peak line on the left side. The subject's right and left eyebrow peaks also start between the lateral limbus and left exocanthus, which is considered attractive.

Mouth Width vs. Bigonial Width

The normal ratio for the mouth width vs. the bigonial width is around 55%.

The subject's mouth to bigonial width ratio is 47.9%, which appears relatively normal.

Mouth Width vs. Lower Face Height

The mouth should be around 40% of the lower face height (glabella to menton). The subject's mouth width vs. lower face height ratio is 38.9%, which is relatively harmonious.

LAFH/TAFH Ratio

The lower anterior facial height vs. total anterior facial height ratio is a good indicator of lower facial proportions. A value of around 55% is ideal, with a lower ratio being preferable to a higher ratio (Johnston et al., 2005)[23].

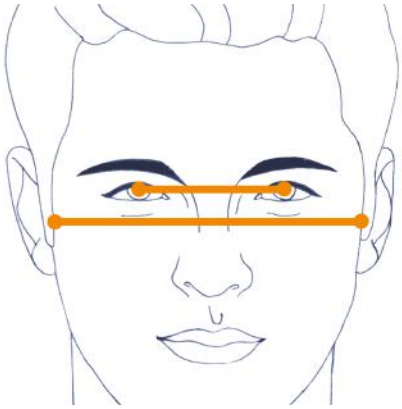
The subject's LAFH/TAFH ratio is 51.2%. This is within two standard deviations of the normal population. The subject's LAFH/TAFH ratio is essentially ideal.

Outercanthal Width vs. Head Width

A normal outercanthal width vs. head width ratio should be around 60%. The subject's ratio is 62.4%. This ratio is normal in the subject.

ES Ratio

The eye separation ratio (ES ratio) is used to determine how close or far-set the eyes are. The traditional rule of fifths (eyeball's width) cannot be used as a benchmark because it can be thrown off by the facial width. The ES ratio takes the facial width into account. A normal ratio is around 0.45 - 0.47, but can be slightly higher in men.



The subject's ES ratio is 0.453, which is optimal and creates the appearance of ideal eye spacing.

Outercanthal Width vs. Bizygomatic Width

This ratio is similar to the ES ratio except that the outercanthal width takes the overall width of the eyes into account.

The subject has an outercanthal vs. bizygomatic width ratio of 0.644, which is ideal.

Intercanthal Width vs. Bizygomatic Width

A normal intercanthal width vs. bizygomatic width should be around 25%. The subject's ratio is 23%. This is relatively low and implies either a small intercanthal width or large bizygomatic width.

Interpupillary Distance vs. Outercanthal Width

A normal interpupillary distance vs. outercanthal width should be around 70%. The subject's ratio is 70.3%. This ratio is normal in the subject.

The Ears

Ear aesthetics are not as important for facial attractiveness. Nonetheless, serious ear cosmetic issues can still impact harmony.

Width and Height Dimensions

The average ear height is around 65 mm (55-75). The subject's ear height is 48 mm.

The average ear width is around 35 mm (30-45). The subject's ear width is 30 mm.

Width to Height Ratio

The normal width to height ratio of the ear is 0.50–0.65 to 1.The subject's ear width to height ratio is 0.63, which is normal.

Frontal Ear Protrusion

Perhaps the most significant aspect of ear aesthetics, is how far the ear protrudes from the head when viewed from the front. Normally, the auricocephalic angle determines the degree of ear protrusion, but it requires a top-down view of the subject with no hair in the way. Instead, we will directly measure the distance from the head from a frontal photograph. However, lens distortion is notorious for altering the visibility of the ears and is a significant factor in the accuracy of this measurement.

The subject's ears protrude 4.2 mm. from the head. The ears appear to be pinned back much more than normal based on the provided frontal photograph.

Relative Harmony

The ear should be about 1 ear length's distance from the lateral eyebrow. The subject's ear length is 48.2 mm, and the subject's distance from the ear to the lateral brow is 64.8 mm.

The subject's ear height and distance from the ear to lateral brow are relatively harmonious.

The ear height should also match the height of the middle third of the face, from the nasion to the subnasale. The subject's middle third height is 63.4 mm.

The subject's ear height and distance from the ear to lateral brow are relatively harmonious.

Noninvasive Advice

Haircut

The subject has a square/rectangle face shape.

The subject's bizygomatic width to physiognomical face height ratio is 70%. This is relatively normal and would allow for a more diverse range of hairstyles.

The best hair complements features, coloring, and mitigates flaws. Men have less room for error when it comes to unattractive face shapes because styling options for men are somewhat limited. For men, the goal is to create a more square face shape, which the subject already has. So essentially, the goal with hair styling is to not mess up the existing face shape.

Since the subject has a more feminine face, he should opt for a prettyboy-aesthetic.
Another possible haircut that would make the face appear more masculine would be long dreads with extra volume by the sides, which would increase the perceived width of the face and also cover the subject's larger bitemporal width. However, we suggest sticking with the existing haircut and/or shaving the head.

Facial Hair

Studies have consistently shown that light stubble is the most attractive facial hair length on men (Dixson et al., 2016)[57]. Light stubble normally equates to 4-5 mm. but should also be adjusted for how dark and dense the hair is. The ideal light stubble is noticed from relatively far away but is still as short as possible without distracting from or hiding the subject's jaw structure.

The subject has a relatively large and wide lower third so a beard isn't necessary. The current beard has too much hair on the chin, which pushes the chin back in space and makes it appear smaller and more feminine looking, albeit at the bonus of making the face appear shorter and more square. However, the mustache helps decrease the perceived size of the philtrum which makes the chin look bigger and creates a more dominant look.

We suggest either going shorter on the beard (light stubble) or trying minoxidil and/or beard transplant to create full beard coverage. If a genioplasty is performed, facial hair won't be necessary at all.

Oral Posture

The subject doesn't appear to have competent lips, which is consistent with open mouth posture. We recommend everyone adopt proper oral posture to ensure that facial bones remodel correctly in the upcoming decades of life. This consists of placing the tongue firmly on the roof of the mouth with as much surface area as possible, whilst avoiding touching any teeth. See magnumworkshop.com for a more detailed guide.

Skincare Recommendations

Yearly fraxel laser and a retinol regimen would help smooth out the skin. Sunscreen should also be worn to prevent further photoaging.

Invasive Advice

Our hierarchy of facial aesthetics consists of the following:

1. Harmony
2. Youthfulness & Dimorphism
3. Forward Growth
4. Averageness
5. Symmetry

The key to maximizing your potential is to maximize all these qualities as much as possible. As the jaw and eyes are the most important parts of the face, the most bang for your buck will consist of focusing on these areas. Keep in mind that while this report provides a starting point for any possible cosmetic intervention, an artistic eye is still necessary to determine whether any procedure will actually benefit your facial aesthetics.

It's important to note that we are not suggesting that the subject should get these procedures, that they would be worth it, or that the subject is even a candidate for these procedures. Rather, this is simply a theoretical list of the best procedures in existence that would positively impact the subject's individual facial aesthetics. The following is not medical advice and requires an in-person consultation from a medical professional.

Surgery Basics

First it's necessary to realize that surgery will always come with risks, from the simplest filler injection to double jaw surgery. Plastic surgeons require hospital privileges in case you need to be transferred due to a medical emergency during your surgery. Apart from that, a huge risk often neglected is that of scarring. While a good surgeon and after-care will minimize scarring, realize that a scar gets created every time a knife opens skin, which is especially a problem for darker-skinned ethnicities. Only certain surgeries can work around scarring by creating the scar from an area it can't be seen e.g. behind the eyelid, inside the cheek, or behind hair. In some people, cutting the skin also traumatizes and kills hair follicles.

Surgery should not be taken lightly and all other alternative options should be exhausted first. Deciding whether the risks and cost are worth the aesthetic benefit requires lots of introspection and should be made with a clear head. Eliminating body dysmorphia from your decision is paramount. If a measurement or feature is normal in this report but the need to fix the perceived flaw still exists, body dysmorphia is likely the culprit and therapy should be sought out instead. Even if body dysmorphia is not a factor, realize that it's still entirely plausible that getting the desired surgery won't drastically change your life or even your overall aesthetics. It's not uncommon for people to undergo plastic surgery and come back to work with co-workers being none the wiser.

Researching the surgery and the provider is the biggest priority when considering surgery. First, you should recognize the difference between a cosmetic surgeon and a plastic surgeon. Keep in mind that there is no official cosmetic surgery board. A doctor can take a weekend class and call himself a 'cosmetic surgeon'. Cosmetic surgeons can be anything from a dermatologist to a family doctor. Unlike plastic surgeons, cosmetic surgeons are not guaranteed to be certified in plastic surgery, reconstructive surgery, or cosmetic surgery. Other vague marketing terms create more confusion e.g. dentists can call themselves 'cosmetic doctors'. This presents problems because doctors that are trained in the fewest procedures will always try to sell you on that procedure even though it's not best for you. Stay away from medical spas and if you're looking for dermal filler injections, you should at the least find a nurse injector.

If you're new to selecting a plastic surgeon we recommend you choose only a board-certified plastic surgeon from the American Board of Plastic Surgery (ABPS). You may still pick a cosmetic surgeon if you know what you're doing and the surgeon's results, reviews and experience are exceptional. When in doubt, visit the American Society of Plastic Surgeons website (plasticsurgery.org) to help you select a surgeon and make sure they're board certified with ABPS (abplasticsurgery.org).

Look for reviews of surgeons on multiple websites and sort by the most negative reviews. You have to use your judgment to discern whether the negative reviews are superficial and irrelevant or highlight serious quality concerns. Watch out for low-priced surgeries. A surgeon that skimps on price could also be skimping on experience, anesthesiology, or having assistants do more of the work than they should. Realize that celebrity surgeons are not always the most skilled. A better marker of skill is whether the doctor participates in research rather than if they post on social media. Go to the surgeon's actual website and look at their body of work, asking whether they have an artistic eye and whether or not the worst result is one you would be fine with. Some red flags to watch out for during your consultation are a lack of before/after photos, a rushed consultation, a lack of explanation of the risks, and a lack of questions about what kind of results you expect. Ultimately, trust your gut.

Augmentation Options

Plastic surgery has several ways of augmenting your existing bone structure and adding volume e.g. fillers, fat grafting, implants, and distraction. This essentially forms the basis of improving your facial structure and so it's essential to put some thought into each option and its risks, benefits and costs.

When attempting any kind of medical intervention it's always best to start with the least invasive option first to minimize potential complications, and then go from there. For plastic surgery, this is dermal fillers, which are injected into the desired spot and last for around 6 months. They don't require going under anesthesia, they're made of a material easily recognized and absorbed by the body, they can be dissolved and reversed as soon as they're injected, and they're very easy to shape. Very little can go wrong with fillers, but they do have downsides. For one, they can migrate to other parts of the face, especially when injected around very active muscles. Two, they don't completely dissolve and can last in unwanted parts of the face for years. Finally, while they look great after injection, they don't always hold their shape well, especially since they dissolve naturally. Fillers can also have serious side effects such as blocked arteries, infection, and blindness. The risk increases when when performed by an

inexperienced or untrained practitioner.

Fat transfer seem like an ideal augmentation option at first; it uses the body's own natural fat, which develops a blood supply and lasts much longer than fillers. The problem is that fat is difficult to shape properly because a large portion of it gets absorbed. Multiple sessions will be required. On top of that, the transplanted fat often comes from the belly, which means that when you gain weight, the transplanted fat will grow at a much faster rate than surrounding fat. Fat transfer carries all the same risks as fillers, but it can't be reversed easily and it might also create bumps, cysts, and asymmetries. However, when fat transfer works and is done correctly, you're pretty much in the clear.

Implants have several advantages over other augmentation techniques, namely that they can last a lifetime and won't smush like fat or fillers will. However, the biggest misconception about implants is that they're permanent. It's impossible for implants to be permanent because the face and skull aren't static and change during the process of aging. Natural loss of volume might make the implant visible where it was once hidden. Implants may last forever, but implant removal surgery is common, and the tissue there won't be the same as before the implant was put in. If considering implants, be sure the surgeon will screw the implant into the bone, which eliminates any possible movement of the implant.

Distraction is the ideal augmentation method, as it quickly grows new bone that is 100% natural. A bone is broken and a distractor is placed that slowly moves the bone apart, letting new bone grow in. The downside is it is the most invasive, requires full surgery with anesthesia, can be painful and is only applicable for a few surgeries where the scar can be created in a place where it won't be obvious.

Suggested Procedures:

Genioplasty or Chin Implant

Though the subject has normal chin projection for their ethnicity, and a facial convexity angle of 171, augmenting the chin and bringing the facial convexity angle closer to 175 would create a stronger more masculine appearance and bring the chin forward.

Orthodontic Treatment

The subject has crowding of the teeth. For optimal smile aesthetics, a visit to the orthodontist is necessary to start treatment with braces or invisalign.

Brow Ridge Augmentation

The subject overall has a highly neotenous and non-dimorphic face. Their weakest dimorphic trait appears to be the brow ridge, which can be augmented with filler such as Radiesse or a silicone implant.

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