



SMILE EVALUATION

NAME: _____

Hold a face mirror 12"-14" from your face. Smile to show your teeth; take the time to observe your teeth carefully. Then answer the following questions.

1. Do you like the appearance of your teeth; your smile? Yes No
If not, explain _____
2. Are your teeth all in alignment (straight)? Yes No
If not, explain _____
3. Do you have spaces that you don't like? Yes No
If yes, explain _____
4. Do you like the color of your teeth? Yes No
If not, explain _____
5. Do you like the shape of your teeth? Yes No
If not, explain _____
6. Are your teeth...
Chipped? _____ Protruding? _____ Hidden? _____
7. Are your teeth wearing on the biting surfaces? Yes No
If yes, explain _____
8. Are there old fillings or dental work you don't like looking at? Yes No
If yes, explain _____
9. What would you like to change the most in the appearance of your teeth?

10. How would you like your teeth to look?

