

Smile Evaluation

1) Do you like your smile? Yes _____ No _____

Explain:

2) Are you happy with the color of your teeth? Yes ___ No ___

Explain:

3) Would you like your teeth to be whiter? Yes _____ No _____

Explain:

4) Would you like you teeth to be straighter? Yes _____ No _____

Explain:

5) Do you have spaces between your teeth that you would like closed?

Yes _____ No _____

Explain:

6) Would you like your teeth to be longer? Yes _____ No _____

Explain:

7) Do you like the shape of your teeth? Yes _____ No _____

Explain:

8) Do you have missing teeth that you would like to replace? Yes _____ No _____

Explain:

9) Do you have old silver fillings that you would like to replace with tooth-colored fillings? Yes _____

No _____

Explain:

10) Do you feel, or have been told that you have a bad breath? Yes _____ No _____

Explain:

11) If you could change anything about your smile, what would it be?

Explain: