

SMILE EVALUATION

We would like to help you obtain the smile you've always wanted. Please take a few minutes to complete this short questionnaire. While using a mirror or looking at a photograph, please observe your teeth carefully.

- 1) Do you have any concerns about bad breath odor?

- 2) Are you pleased with the appearance of your teeth when you smile?

- 3) Are you pleased with the color of your teeth?

- 4) Are you pleased with the shape of your teeth?

- 5) Are there spaces between your teeth that you don't like?

- 6) Are your teeth....
chipped? _____ protruding? _____ hidden? _____ crowded? _____
- 7) Do you like the way your teeth fit together when you bite?

- 8) Are there old fillings or dental treatment that you aren't happy with?

- 9) If you could change anything about the appearance of your smile, what would that be?

- 10) Is there anything about the shape or alignment of your jaws that you are not happy with?
