JEANNE V. DEVI, DDS
Aesthetic & Restorative Dentistry

ESTHETIC EVALUATION

To aid in our diagnosis and treatment of your esthetic concerns, please take a moment and answer the following questions. Please circle you answer. If you are completely satisfied with the appearance of your teeth and smile there is no need to fill out this form.

Name:_____Date:_____

1. Do you dislike the color of your teeth? YES NO
2. Do you have spaces between your teeth that bother you? YES NO
3. Do you have chips or uneven edges on your teeth? YES NO
4. Do you feel you teeth are too long or too short? YES NO
5. Do you have dark fillings that show when you smile? YES NO
6. Do your gums show too much when you smile? YES NO
7. Are your teeth too crowded or crooked? YES NO
8. Do you have existing crowns or dental work you consider "ugly"? YES NO
9. Are you self-conscious of your teeth and/or smile? YES NO
10. Has anyone (friend, family member, etc.) ever suggested that you should do something about your teeth or smile? YES NO
11. Do you avoid smiling when you have your picture taken? YES NO
12. Would you like to improve your existing smile? YES NO
13. Do you wish you had a "new smile"? YES NO

What concerns do you have regarding dental treatment to improve your smile?

1. Fear of treatment. 2. Time of treatment concerns. 3. Financial concerns

4. Distance to office. 5. Not understanding treatment. 6. Embarrassment

7. Other.

Thanks!

Historic Bank of the West of the Building • 595 East Colorado Blvd., Suite 603, Pasadena, California 91101
Telephone (626) 795-2544 • Fax (626) 795-1884