

SMILE EVALUATION

1. Do you like the way your teeth look? Yes () No ()

Explain: _____

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

Explain: _____

3. Would you like for your teeth to be whiter? Yes () No ()

Explain: _____

4. Would you like your teeth to be straighter? Yes () No ()

Explain: _____

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

Yes () No ()

If so, Upper _____ Lower _____ Both _____?

6. Do you like the shape of your teeth?

Yes () No ()

Explain: _____

7. Do you have missing teeth that you would like replaced?

Yes () No ()

Explain: _____

8. Do you have old silver fillings that you would like to be replaced with tooth-colored fillings? Yes () No ()

9. If you could change anything about your smile, what would you change?