

# Smile Quiz

Name: \_\_\_\_\_

## 1. Color of Teeth

- 1 Not Satisfied
- 2
- 3 Somewhat Satisfied
- 4
- 5 Very Satisfied

## 2. Crooked or Overlapping Teeth

- 1 Not Satisfied
- 2
- 3 Somewhat Satisfied
- 4
- 5 Very Satisfied

## 3. Presence of Cracks/Chips/Missing Teeth

- 1 Not Satisfied
- 2
- 3 Somewhat Satisfied
- 4
- 5 Very Satisfied

## 4. Size / Length of Teeth

- 1 Not Satisfied
- 2
- 3 Somewhat Satisfied
- 4
- 5 Very Satisfied

## 5. Presence of a Gummy Smile

- 1 Not Satisfied
- 2
- 3 Somewhat Satisfied
- 4
- 5 Very Satisfied

Total : \_\_\_\_\_

Divide by: \_\_\_\_\_ 5 \_\_\_\_\_

= \_\_\_\_\_

Your Smile Rating is: \_\_\_\_\_

**If your average rating was between 1 and 3, talk to your dental professional today about cosmetic treatments to obtain the smile you've always dreamed of. Present this sheet to your dentist to discuss your treatment options. Take your smile from ordinary to extraordinary.**