

## SMILE SELF-EVALUATION

Completing this survey will help us discover out what you value in a Smile. It will bring to our attention any changes or concerns which you have with your smile. If a simple “yes” or “no” response doesn’t answer correctly, just check the “?” box. Thank you.

- | Yes                      | No                       | ?                        |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you happy with your smile?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you like the <u>color</u> of your teeth?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you like the <u>shape</u> of your teeth?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you like the way your gums look when you smile?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do your fillings match the color of your teeth?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have spacing between the teeth that are unattractive or catch food? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you missing any teeth?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are your teeth wearing down, eroded or chipping?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dark, unsightly fillings or crowns?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any of your teeth <u>sensitive</u> to cold, hot or sweets?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do your gums bleed when you brush or floss your teeth?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are your gums receding?  |

It is our desire for you to have *optimal oral health* and an *attractive smile* throughout your life. If you have any question about what can be done to accomplish this, please don’t hesitate to ask one of our team members.



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