

It is a main concern of our office to not only escort you to complete oral health, but also to understand your concerns and desires regarding your appearance. Please take a moment to fill out our quick survey to evaluate how you feel of one of your greatest assets, your smile.

Who may we thank for referring you to our practice? _____

Are you currently experiencing any pain or discomfort?

If you could change just one thing about your front teeth, those we see when you smile: What would that be?

How do you feel about the color of your front teeth, are they white enough?

No Yes

Do you like the way they are shaped?

No Yes

Are your front teeth as straight as you'd like them to be?

No Yes

Are you satisfied with their overall appearance?

No Yes

Is there anything you'd like to change about them?

No Yes

Now let's talk about your back teeth, the ones you chew on:

If there was anything you could change about these, what would it be? _____

Do you have any sensitivity to hot or cold or when you chew?

No Yes

Do you have any difficulty chewing?

No Yes

Are you missing any teeth?

No Yes

Does food get trapped and annoy you?

No Yes

Is there anything in the back that you'd like us to look at?

No Yes

Your gums aren't something most people think about, but let me ask you this:

Do your gums ever bleed?

No Yes

Do you ever experience any sensitivity?

No Yes

How is your breath? _____

Do you have any gum recession?

No Yes

Do you have removable pieces in your mouth?

No Yes

Are they comfortable?

No Yes
