

SMILE EVALUATION SURVEY

Are you happy with your smile? _____

Is there anything you would change about your smile if you could? _____

If yes, please explain:

Would you like straighter teeth? _____

Whiter teeth? _____

Spaces and gaps filled in-between teeth? _____

Improve the shape of your teeth? _____

Replace silver fillings with tooth colored ones? _____

Are you aware if you grind or clench your teeth? _____

Is there any dental service you would like to know more about? _____

We thank you for placing your trust in us. We appreciate that you have a choice and are honored when you refer your family and friends to our office.

Please let us know if you have any questions or concerns.

We are here to help.
