



Your Perfect Smile Cosmetic & Family Dentistry

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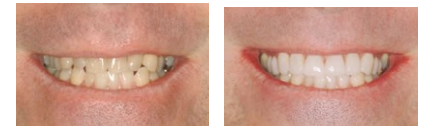
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www.yourperfectsmiledentistry.com

SMILE EVALUATION

A SIMPLE QUIZ TO HELP YOU OBTAIN THE SMILE YOU'VE ALWAYS WANTED

1. Do you like the appearance of your teeth; your smile? Yes No
If not, explain _____



Stained Teeth

2. Are your teeth all in alignment (straight)? Yes No
If not, explain _____



Chipped Teeth

3. Do you have spaces that you don't like? Yes No
If yes, explain _____

4. Do you like the color of your teeth? Yes No
If not, explain _____



Spaced Teeth

5. Do you like the shape of your teeth? Yes No
If not, explain _____

6. Are your teeth...
Chipped? _____ protruding? _____ hidden _____



Crooked Teeth

7. Are your teeth wearing on the biting surfaces? Yes No
If yes, explain _____

8. Are there old filling or dental work you don't like looking at? Yes No
If yes, explain _____



Fanged Teeth

9. What would you like to change the most in the appearance of your teeth?



Renewing Old Dental Work

10. How would you like your teeth to look?



If you are not happy with the appearance of your teeth, ask us how we can improve your smile.

Your Smile is Our Business!