

SMILE EVALUATION

We would like to help you obtain the smile you've always wanted. Please take a few minutes to complete this short questionnaire. While using a mirror or looking at a photograph, please observe your teeth carefully.

1) Do you have any concerns about bad breath odor?

2) Are you pleased with the appearance of your teeth when you smile?

3) Are you pleased with the color of your teeth?

4) Are you pleased with the shape of your teeth?

5) Are there spaces between your teeth that you don't like?

6) Are your teeth...

chipped? _____ protruding? _____ hidden? _____ crowded? _____

7) Do you like the way your teeth fit together when you bite?

8) Are there old fillings or dental treatment that you aren't happy with?

9) If you could change anything about the appearance of your smile, what would it be?

10) Is there anything about the alignment of your jaws that you are not happy with?
