



CORNERSTONE
• DENTAL •

TAKE OUR

Smile Assessment

AND SEE IF YOU MIGHT BE A CANDIDATE FOR AN ENHANCED SMILE.

YES **NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you comfortable showing your teeth when you smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you happy with the appearance of your teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have unsightly crowns or fillings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your gums or teeth sensitive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel your teeth are too long? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel your teeth are too short? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you like the color of your teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you missing teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in improving the appearance of your teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you familiar with the benefits of dental implants? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your gums receding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you anxious or fearful of treatment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you happy with the alignment of your teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is fear holding you back from a perfect smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is lack of time holding you back from a perfect smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is cost holding you back from a perfect smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there something else holding you back from a perfect smile? |

Please feel free to explain any answers:
