

Smile Design Assessment

Caring for your Smile

Our goal is to provide you the best dental treatment possible. Please answer a few questions to help us better meet your dental needs.



Evaluate you smile

Yes No

When you smile, do you show your teeth?	___	___
Are you happy with the way your teeth look?	___	___
Do you like the look of your crowns and fillings?	___	___
Are your teeth too long? Too short?	___	___
Would you like your teeth to be whiter?	___	___
Are you missing teeth?	___	___
Are you familiar with the benefits of Implants?	___	___
Are you interested in improving the appearance of your teeth?	___	___
Do your gums bleed when you brush or floss?	___	___
Are you anxious or fearful of treatment?	___	___
Are you currently wearing any partials or dentures?	___	___
Would you like to learn more about modern cosmetic procedures?	___	___
If you could change one thing about your smile, what would it be?		