

Assessing your smile 😊

To assess your smile, take a moment to answer the following questions. Take your time and answer each question as clearly and accurately as you can. Your answers will help us to serve you to the best of our ability.

1. Are you pleased with the general appearance of your teeth and smile?
Yes___ No___ If no, explain: _____

2. Do you feel like your teeth are straight? Yes___ No___ If no, explain: _____

3. Are there spaces between your front teeth that you dislike? Yes___ No___
If yes, explain: _____
4. Are you satisfied with the color of your teeth? Yes___ No___ If no, explain: _____

5. Are you satisfied with the shape of your teeth? Yes___ No___ If no, explain: _____

6. Are you satisfied with the way your teeth come together (bite)? Yes___ No___
If no, explain: _____
7. Are your gums puffy, red or swollen- looking? Do they bleed easily?
Yes___ No___ If yes, explain: _____
8. Do you have old fillings or dental work that makes you less confident about your smile and/or appearance? Yes___ No___ If yes, explain: _____
9. Are any of your teeth chipped? Hidden? Protruding? If so, please describe: _____

10. What would you most like to change about the appearance of your teeth? _____

11. How would you like your teeth to look? _____
