

Smile Analysis Form

Your Name: _____

Date: _____

Yes No

Do you like to smile and show your teeth?

Are you happy with the way your teeth look?

Do you have unsightly crowns or fillings?

Are your teeth sensitive to hot or cold?

Are your teeth too long?

Are your teeth too short?

Do you brush your teeth too hard?

Are you missing teeth?

Are you interested in improving the appearance of your teeth?

Are you interested in tooth replacements?

Are you familiar with the benefits of implants?

Are your gums sensitive?

Do your teeth or gums hurt?

Are your gums receding?

Are you anxious or fearful of treatment?

Are you interested in esthetic (cosmetic) dentistry?

Please feel free to explain any answers.

