

SMILE EVALUATION

1. Do your teeth look yellow, discolored, or stained?

No Yes (which areas) _____

2. Are there spaces between your teeth that bother you?

No Yes (which areas) _____

3. Do your teeth appear crooked, crowded, or out of line?

No Yes (which ones) _____

4. Do you have teeth that have gum recession or exposed root surfaces that bother you?

No Yes (which areas) _____

5. Do your teeth appear worn down, chipped or look short?

No Yes (which ones) _____

6. Do you have discolored, old, or metal fillings that you are not happy with?

No Yes (which ones) _____

7. Are there any crowns that do not match your natural teeth or have gray lines?

No Yes (which ones) _____

8. Are you happy with the size and length of your teeth?

Yes No (explain) _____

9. Do you have a gummy smile?

No Yes

10. Are you happy with your smile?

Yes No (explain) _____

11. Additional questions or comments concerning your teeth or smile?
