

Smile Evaluation

1. Do you like the way your teeth look? Yes No
 Explain: _____

2. Would you like your teeth to be whiter? Yes No
 Explain: _____

3. Would you like to change the appearance of your gumline when you smile?
 Less or more? Yes No
 Explain: _____

4. Would you like your teeth to be straighter? Yes No
 Explain: _____

5. Do you have spaces between your teeth that you would like closed?
 If so, where? Yes No
 Explain: _____

6. Would you like your teeth to be longer or shorter? Yes No
 If so, Upper _____ Lower _____ Both _____?

7. Do you like the shape of your teeth? Yes No
 Explain: _____

8. Do you have missing teeth that you would like to replace? Yes No
 Explain: _____

9. Do you have old silver fillings that you would like to replace with tooth-colored fillings? Yes No
 Explain: _____

10. If you could change anything about your smile, what would you change?
 Explain: _____