

# Your Smile Analysis

Hold a full face mirror 12-14" from your face. Smile to show your teeth. Take a look at your teeth carefully, then answer the following questions:

Do you like the appearance of your teeth, your smile?                      Yes      No

If no explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have spaces you don't like?    Yes      No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

Are your teeth crooked or crowded?    Yes      No

If you could easily whiten your teeth, would you be interested?      Yes      No

If you could have a magic wand, what would you like to change about your smile? \_\_\_\_\_  
\_\_\_\_\_

Are your teeth:      Chipped      Protruding      Sensitive      Stained      Worn

Do your gums look healthy?    Yes      No

If no explain: \_\_\_\_\_  
\_\_\_\_\_

Do you hide your teeth when you smile?    Yes      No

Is your smile important to you when you meet people or in your career?      Yes      No

What would you like your teeth to be like in 5-10 years? \_\_\_\_\_  
\_\_\_\_\_

Do you have any other concerns about your teeth?    Yes      No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

We appreciate you taking the time to complete this confidential questionnaire. Your answers to these important questions will help us in providing the highest quality care available.



# You Deserve a Beautiful Smile!