

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!