

SMILE EVALUATION

A Simple Quiz To Help Obtain The Smile You've Always Wanted

1. Do You like the appearance of your teeth, your smile? Yes No
If not explain: _____

2. Are your teeth all in alignment (straight)? Yes No
If not explain: _____

3. Do you have spaces that you don't like? Yes No
If not explain: _____

4. Do you like the color of your teeth? Yes No
If not explain: _____

5. Do you like the shape of your teeth? Yes No
If not explain: _____

6. Are your teeth..... Chipped Protruding Hidden
7. Do you like the way your teeth come together? Yes No
If not explain: _____

8. Are there old fillings or dental work that you don't like looking at? Yes No
If yes explain: _____

9. What would you like to change the most in the appearance of your teeth?

10. How would you like your teeth to look?

11. Do you find your breath odor unpleasant? Yes No
If yes explain: _____
