

Smile Evaluation:

This is a simple questionnaire to help you obtain the smile you've always wanted. Hold a full face mirror 12-14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully. Answer the following questions.

1. Do you like the appearance of your teeth and 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 yes, 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 not, explain _____

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

10. How would you like your smile to look?
