

Smile Evaluation

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

2. Are you happy with the color of your teeth? Yes No
Explain: _____

3. Would you like for your teeth to be whiter? 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? Yes No
If so, where? _____

6. Would you like your teeth to be longer? 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?

11. What are your dental goals? _____
