

Smile Evaluation

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 like the shape of your teeth? Yes No
Explain: _____
 6. Do you wish your teeth were longer? Yes No
Explain: _____
 7. Do you have missing teeth that you would like to replace?
 Yes No
Explain: _____
 8. Do you have old silver fillings that you would like to replace
with tooth-colored fillings? Yes No
Explain: _____
 9. If you could change anything about your smile, what would you
change? _____
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