

# 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, Upper \_\_\_\_ Lower \_\_\_\_ Both \_\_\_\_ ?

6. Would you like your teeth to be longer? Yes ( ) No ( )

Explain: \_\_\_\_\_

7. Do you like the shape of your teeth? Yes ( ) No ( )

Explain: \_\_\_\_\_

8. Do you have missing teeth that you would like replaced? Yes ( ) No ( )

Explain: \_\_\_\_\_

9. Do you have old silver fillings that you would like to be replaced with tooth-colored fillings? Yes ( ) No ( )

10. If you could change anything about your smile, what would you change?

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