

Your Smile Evaluation

Yes No

1. Are you pleased and confident with the way your teeth look when you smile?

2. Do you have some unwanted spaces or gaps between your teeth?

3. Is there a chip or crack that you would like to have repaired?

4. Are you concerned about one or perhaps more than one tooth that is discolored?

5. Maybe you have some unattractive discolored metal or plastic fillings?
(These can be either anterior/front or posterior/back teeth.)

6. Do you have teeth that are slightly out of line, overlapping, or protruding?

7. How are your gums?

Are they red or swollen?

Have they receded from the top of your teeth?

8. Do you have some missing teeth that should be replaced?

9. Could your smile be improved if your teeth were...

Whiter

Longer

Shorter

Wider

Narrower

10. Is there anything else you would like to discuss with your dentist about your smile design or dental health?
