

SMILE EVALUATION

Are you happy with your smile? Yes ___ No ___

Do you smile often? Yes ___ No ___

Do you try to hide your smile? Yes ___ No ___

Would you like your teeth to be whiter? Yes ___ No ___

Would you like your teeth to be straighter? Yes ___ No ___

Do you have spaces in between your teeth that you feel are unattractive? Yes ___ No ___

Do you have old silver or black fillings that you consider unattractive? Yes ___ No ___

Do you have old crowns (caps) or tooth colored fillings that don't look quite as nice as they used to, or as nice as you would like? Yes ___ No ___

Do you show too much of your gums when you smile? Yes ___ No ___

When you smile, do your teeth show? Yes ___ No ___

Do you ever get compliments on your smile and/or teeth? Yes ___ No ___

If you had the ability to painlessly and quickly change anything about your smile, what would it be?
