



Smile Evaluation

1. Do you like the way your teeth look? Yes ___ No ___

2. Are you happy with the color of your teeth? Yes ___ No ___

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

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? _____
