

Smile Evaluation

A bright, attractive smile is a personal asset that improves your self-esteem and confidence. This questionnaire will help you identify areas where your appearance could be enhanced with cosmetic dentistry.

1. Do you like the appearance of your smile? Yes No

Comments: _____

2. Are there spaces you don't like or is crowding a problem? Yes No

Comments: _____

3. Are your teeth as bright and white as you would like? Yes No

Comments: _____

4. Do you like the shape of your teeth? Yes No

Comments: _____

5. Are the edges of your teeth chipped or uneven? Yes No

Comments: _____

6. Are there unsightly fillings or crowns that you notice when you smile?
Yes No

Comments: _____

7. What would you like most to change about the appearance of your teeth?

Comments: _____

8. As a courtesy to our patients we offer cosmetic imaging at no expense to explore possible changes in your smile. Is this something you would like more information about?

Yes No

Comments: _____

If these questions helped you identify areas of concern, we will be happy to discuss the services we offer.