



Smile Evaluation



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, 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?
