

SMILE EVALUATION



1

DO YOU LIKE THE APPEARANCE OF YOUR SMILE?

YES NO

2

ARE YOUR TEETH STRAIGHT?

YES NO

3

DO YOU HAVE SPACES BETWEEN YOUR TEETH?

YES NO

4

DO YOU LIKE THE COLOUR OF YOUR TEETH?

YES NO

5

DO YOU LIKE THE SHAPE OF YOUR TEETH?

YES NO

6

ARE YOUR TEETH CHIPPED?

YES NO

7

ARE YOUR TEETH BITING SURFACES WEARING THIN?

YES NO

8

DO YOU HAVE OLD FILLINGS OR DENTAL WORK YOU WANT CHANGED OR DON'T LIKE?

YES NO

9

DO YOU HAVE MISSING TEETH THAT YOU WOULD LIKE TO REPLACE?

YES NO

10

WHAT WOULD YOU LIKE TO CHANGE THE MOST ABOUT YOUR SMILE?

If you are not happy with the appearance and function of your teeth, ask us how we can improve your smile **today!**