



## SMILE EVALUATION

1. Do you like the way your teeth look? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
2. Are you happy with the color of your teeth? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
3. Would you like for your teeth to be whiter? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
4. Would you like your teeth to be straighter? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
5. Do you have spaces between your teeth that you would like closed?  
Yes ( ) No ( )  
If so, Upper\_\_\_\_\_Lower\_\_\_\_\_Both\_\_\_\_\_?
  
6. Would you like your teeth to be longer? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
7. Do you like the shape of your teeth? Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
8. Do you have missing teeth that you would like replaced?  
Yes ( ) No ( )  
**Please Explain:** \_\_\_\_\_
  
9. Do you have old silver fillings that you would like to be replaced  
with tooth-colored fillings? Yes ( ) No ( )
  
10. If you could change anything about your smile, what would you change?  
\_\_\_\_\_