

## Smile Evaluation

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

Explain: \_\_\_\_\_

2. Would you like your teeth to be whiter? Yes  No

Explain: \_\_\_\_\_

3. Would you like to change the appearance of your gumline when you smile? Less or more?  
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? Explain: \_\_\_\_\_

6. Would you like your teeth to be longer or shorter? 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?  
Explain: \_\_\_\_\_