

Obtain The Smile You've Always Wanted

Smile Evaluation

Hold the face mirror 12"-14" from your face. Smile to show your teeth; take time to observe your teeth carefully, and then answer the following questions.

1. Do you like the appearance of your teeth and your smile? Yes No
If not, explain: _____

2. Are your teeth all in alignment (straight)? Yes No
If not, explain: _____

3. Are any of your teeth...
Chipped _____ Protruding _____ Hidden _____
4. Do you have spaces that you don't like? Yes No
If yes, explain: _____

5. Do you like the color of your teeth? Yes No
If not, explain: _____

6. Do you like the shape of your teeth? Yes No
If not, explain: _____

7. Do you like the way your teeth come together? Yes No
If not, explain: _____

8. Are there any old fillings or dental work that you don't like looking at? Yes No
If yes, explain: _____

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

10. How would you like your teeth to look?

