



# 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_