

SMILE EVALUATION

Esthetics

Smiles count – in business, in social settings, and in the way you feel about yourself. Our office wants you happy with your smile. Please help us by answering and thinking about the following questions and we will discuss them later in person.

1. *Do you like the:*

Current shape of your teeth? _____

Current color of your teeth? _____

Current straightness of your teeth? _____

Amount of teeth shown when smiling naturally? _____

2. *Do you feel as if you have a gummy smile?* _____

3. *What makes you feel uncomfortable with your smile?* _____

4. *Do you alter your smile in order to hide your teeth? YES _____ NO _____*

5. *Was there ever a time when you liked your teeth and smile before changes occurred? YES _____ NO _____ (If yes, please bring a photo of yourself from that time.)*

6. *What bothers you most about the looks of your teeth?*

7. *Have you bleached your teeth in the past?*

Yes _____ No _____

8. *Are you considering bleaching them in the future?*

Yes _____ No _____

9. *How do you think we might help you achieve a better smile?*

Esthetic Interview (For office use only)

