

# Smile Evaluation

*A Simple Evaluation to Help You Obtain the Smile You've Always Wanted*

Hold a mirror 12"-14" from your face. Smile to show your teeth. Take the 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 \_\_\_\_\_



STAINED AND CHIPPED

2 Are your teeth all in alignment (straight)?  Yes  No  
If not, explain \_\_\_\_\_



SPACES

3 Do you have spaces that you don't like?  Yes  No  
If yes, explain \_\_\_\_\_

4 Do you like the color of your teeth?  Yes  No  
If not, explain \_\_\_\_\_



CALCIFICATION STAINS

5 Do you like the shape of your teeth?  Yes  No  
If not, explain \_\_\_\_\_



FANGED TEETH

6 Are your teeth...  
Chipped  Yes  No    Protruding  Yes  No    Hidden  Yes  No  
If yes, explain \_\_\_\_\_

7 Are your teeth wearing on the biting surfaces?  Yes  No  
If yes, explain \_\_\_\_\_



STAINED AND CROOKED TEETH

8 Are there old fillings or dental work you don't like looking at?  Yes  No  
If yes, explain \_\_\_\_\_



PORCELAIN CROWNS

9 What would you like to change the most in the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_

10 How would you like your teeth to look  
\_\_\_\_\_  
\_\_\_\_\_



BEAUTIFUL SMILE