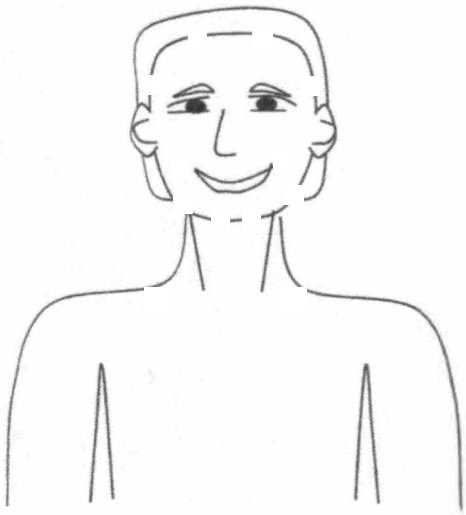
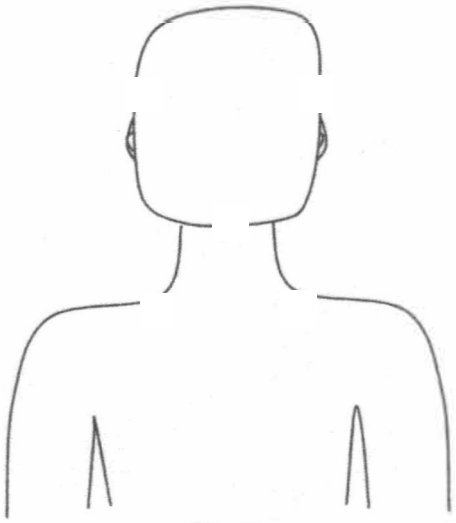
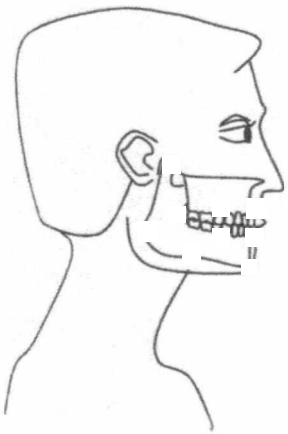
Mark areas where you are experiencing any discomfort



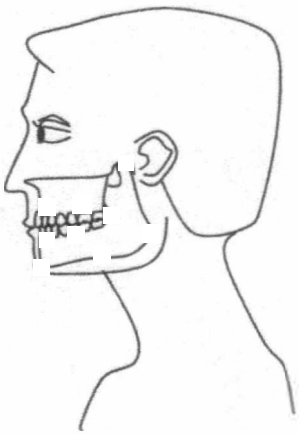
Front



Back



Right side



Left side

Do you experience any of the following (check all that apply)?

- Clicking/popping jaw joints
- Head pain
- "Migraine" type headaches
- Ringing in your ears
- Vertigo or dizziness
- Neck pain
- Arm and/or finger numbness and/or pain
- Difficulty swallowing
- Clenching and/or grinding of your teeth
- Can't find your comfortable bite
- Limited opening of your mouth
- Pain behind your eyes

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 _____

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

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 _____

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

6 Are your teeth...
Chipped **Yes No** Protruding **Yes No** Hidden **Yes No**
If yes, explain _____

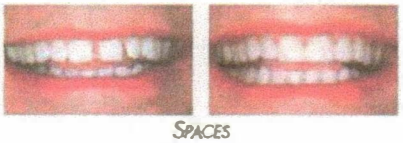
7 Are your teeth wearing on the biting surfaces? **Yes No**
If yes, explain _____

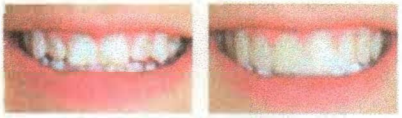
8 Are there old fillings or dental work you don't like looking at? **Yes No**
If yes, explain _____

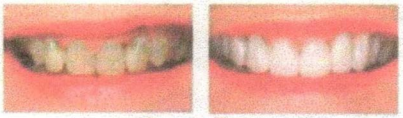
9 What would you like to change the most in the appearance of your teeth?
_____

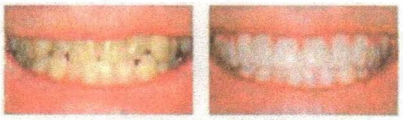
10 How would you like your teeth to look
_____

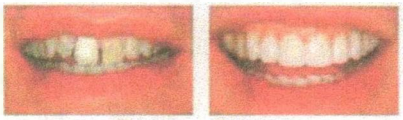

Stained and Chipped

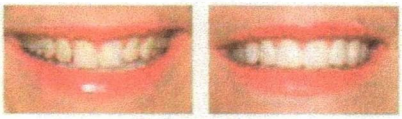

Spaces


Calcification Stains


Fanged Teeth


Stained and Crooked Teeth


Porcelain Crowns


Beautiful Smile