



SMILE EVALUATION

1. I like the way my teeth look? Yes/No
Comment _____

2. I would like my teeth to be whiter Yes/No
Comment: _____

3. I would like my teeth to be straighter?
Comment: _____

4. I would like to close any space between my teeth?
If so, where?: _____

5. I would like my teeth to be longer?
Which one: _____

6. I like the shape of my teeth?
Comment: _____

7. I would like to replace any missing teeth?
Comment: _____

8. I would like to replace my silver fillings with tooth coloured ones?
Comment: _____

9. If I could change anything about my smile, I would like to change _____
