

# Patient Smile Assessment

Evaluate your smile



Yes

No

Do you like to smile wide enough to show your teeth?

Are you happy with the way your teeth look?

Do you like the look of your crowns and fillings?

Are you satisfied with the whiteness of your teeth?

Are your teeth too long? Too short?

Do you brush your teeth very hard?

Are you missing teeth?

Are you interested in improving the appearance of your teeth?

Are you familiar with the benefits of implants?

Do your teeth or gums hurt?

Are you anxious or fearful of treatment?

Are you interested in esthetic (cosmetic) dentistry?

Would you like to learn more about modern cosmetic procedures?

If you could change something about your smile, what would it be?