



## Smile Assessment

Please complete this questionnaire to help us understand and address your esthetic dental needs.

1. When I see a picture of myself, the first thing I notice about my smile is:

2. Something I often notice about other smiles I consider attractive is:

**3. Please mark an X by any statement you agree with:**

- I wish the color of my teeth were whiter.
- I wish I had a bigger smile.
- I think some of my teeth are too small.
- I think some of my teeth are too large.
- I wish my teeth were straighter.
- I think my gums show too much when I smile.
- I think my smile shows too much space between some of my teeth.
- I sometimes hesitate to smile because I am not totally pleased with my smile.
- I have often wished I could change some of the features of my smile.
- I feel as though I don't really know all of the options available to enhance my smile.
- My concerns over what the end result might look like, have been a factor in me not having aesthetic dentistry in my own mouth.
- My concerns over fees have prevented me from taking advantage of some of the available options to enhance my smile.
- I feel as though I could do a better job protecting the health of my teeth and gums, and therefore, the longevity of my own smile.

**4. How would you best describe your feelings about past dental office experiences?**

- Excellent     Good     Satisfactory     Poor     Very Poor

**Is there anything else we should know?**

---



---



---



---