
SMILE EVALUTION

Patient Name: _____

Date: _____

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 that I consider attractive is: _____
3. Aside from yourself, who would be the first person you would want to see your new smile? _____

PLEASE MARK AN "X" BY THE STATEMENTS BELOW THAT YOU AGREE WITH

___ I wish the color of my teeth were whiter.

___ I wish I had a broader smile.

___ I wish my teeth were straighter.

___ I think some of my teeth are too small.

___ I think some of my teeth are too large.

___ I think my gums show too much when I smile.

___ I think my smile shows too much space between some of my teeth.

___ Because I am not totally pleased with my smile, I sometimes hesitate to 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 the options available for enhancing my smile.

___ Concerns over what the end result might look like, have been a factor in my not having aesthetic dentistry in my own mouth.

___ Concerns over the 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, thereby protecting the longevity of my own smile.
