

Smile Evaluation

All of the questions below are optional. They help us understand your priorities and concerns and provide a complete dental experience, which is our goal.

1. Do you like the appearance of your teeth; your smile? If not, please explain.
2. Are all of your teeth in alignment (straight)?
3. Do you have spaces that you don't like?
4. Do you like the color of your teeth? Are they white and bright enough?
5. Do you like the shape of your teeth?
6. Are your teeth....chipped? protruding? Hidden?
7. Are your teeth wearing on the biting surface?
8. Are there old fillings or dental work you don't like looking at?
9. What would you like to change about the appearance of your teeth; how would you like them to look?