

Please take a moment and fill out our Smile Evaluation so that we can help you address any concerns about your smile that you may have. We will discuss them during your appointment.

1. Do you like the appearance of your teeth, your smile?

Yes No

2. Do you like the alignment (straight) of your teeth?

Yes No

3. Do you have spaces that you do not like?

Yes No

4. Do you like the color of your teeth?

Yes No

5. Are there old dental fillings or dental work that you do not like?

Yes No