



## SMILE EVALUATION

...A Simple Quiz to Help Obtain The Smile You've Always Wanted...

1. Do you like the appearance of your teeth, your smile? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Are your teeth all in alignment (straight)? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
3. Do you have spaces that you don't like? If so, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you like the color of your teeth? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Do you like the shape of your teeth? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you like the way your teeth come together? If not, explain: \_\_\_\_\_  
\_\_\_\_\_
7. Are there any old fillings or dental work that you don't like the appearance of? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
8. What would you like to change the most in the appearance of your teeth? \_\_\_\_\_  
\_\_\_\_\_