

# Smile Evaluation

Rate the appearance of your teeth and your smile?

Love them

Like them

Hate them

Are your teeth all in alignment (straight)?

Yes No

If not, explain: \_\_\_\_\_

Are any of your teeth....

Chipped

Protruding

Hidden

Do you have spaces that you don't like?

Yes No

If yes, explain: \_\_\_\_\_

Do you like the color of your teeth?

Yes No

If not, explain: \_\_\_\_\_

Do you like the shape of your teeth?

Yes No

If not, explain: \_\_\_\_\_

Do you like the way your teeth come together?

Yes No

If not, explain: \_\_\_\_\_

Are there any old fillings or dental work that you don't like looking at? Yes No

If yes, explain: \_\_\_\_\_

What would you like to change the most about the appearance of your teeth? How would you like your teeth to look? \_\_\_\_\_

\_\_\_\_\_