



SMILE ASSESSMENT

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| 1. I am concerned about the appearance of my teeth or my smile | YES NO |
| 2. I am concerned about the whiteness/lack of whiteness of one or more of my teeth | YES NO |
| 3. I am concerned about the position or angle of one or more of my teeth | YES NO |
| 4. I am concerned about the shape of one or more of my teeth | YES NO |
| 5. In social situations, I am sometimes embarrassed by my teeth or my smile | YES NO |
| 6. There are some things about my upper front teeth that I would like to change | YES NO |
| 7. There are some things about my lower front teeth that I would like to change | YES NO |
| 8. I have old fillings or previous dental treatment that is no longer satisfactory to me | YES NO |
| 9. I am missing one or more of my teeth | YES NO |
| 10. I am interested in learning more about esthetic dentistry | YES NO |

Please use the space below to indicate any other problems, concerns, or questions.