



Please take a moment to tell us about your smile so that we may better serve your individual needs

PATIENT NAME: _____

WHEN I SEE A PICTURE OF MYSELF, THE FIRST THING I NOTICE ABOUT MY SMILE IS:

SOME THINGS THAT I CONSIDER ATTRACTIVE IN OTHER PEOPLE'S SMILES ARE:

***Please "✓" the statements below that apply to you.*

- I wish my teeth were straighter.*
- I wish I had a broader smile.*
- I think some of my teeth are too small.*
- I think some of my teeth are too large.*
- I wish my teeth were whiter with regard to their color*
- I think my gums show too much when I smile.*
- I think my smile shows too much space between some of my teeth.*
- Because I am not totally pleased with my teeth, I sometimes hesitate to smile.*
- I feel as though I don't really know all of the options available to me for enhancing my smile.*
- Concerns over what the end result might look like have been a factor in my not having aesthetic dentistry in my mouth.*
- Concerns over fees have prevented me from taking advantage of some of the available options to enhance my smile.*
- I feel as though I could do a better job protecting the health of my teeth and gums, and therefore, the longevity of my smile.*