

## Smile Evaluation

1. Do you like the way your teeth look? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
2. Are you happy with the color of your teeth? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
3. Would you like for your teeth to be whiter? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
4. Would you like your teeth to be straighter? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
5. Do you have space between your teeth that you would like closed?  
Yes \_\_\_ no\_\_\_ Explain: \_\_\_\_\_
6. Would you like your teeth to be longer? \_\_\_yes \_\_\_no  
If so, upper \_\_\_ lower \_\_\_ both \_\_\_
7. Do you like the shape of your teeth? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
8. Do you have missing teeth that you would like to replace?  
\_\_\_yes \_\_\_no Explain: \_\_\_\_\_
9. Do you have old silver fillings that you would like to replace with  
tooth-colored fillings? \_\_\_yes \_\_\_no  
Explain: \_\_\_\_\_
10. If you could change anything about your smile, what would you  
change? \_\_\_\_\_  
\_\_\_\_\_