



Your Smile Evaluation

1. Do you like the way your teeth look? Yes ___ No ___
Explain: _____
2. Would you like for your teeth to be whiter? Yes ___ No ___
Explain: _____
3. Would you like your teeth to be straighter? Yes ___ No ___
Explain: _____
4. Do you have spaces between your teeth that you would like to have closed?
Yes ___ No ___
Explain: _____
5. Would you like your teeth to be longer? Yes ___ No ___
Explain: _____
6. Do you like the shape of your teeth? Yes ___ No ___
Explain: _____
7. Do you have missing teeth that you would like to replace? Yes ___ No ___
Explain: _____
8. Do you have silver fillings that you would like replaced with tooth-colored fillings? Yes ___ No ___
Explain: _____
9. If you could change anything about your smile, what would you change?

Please return this form with your registration information.