



SMILE EVALUATION

Stand in front of a mirror 12" - 14" from your face and smile to show your teeth. Take time to observe your teeth carefully, and then answer the following questions.

1. Do you like the appearance of your teeth, your smile? Yes No
If not, explain: _____
2. Are your teeth all in alignment (straight)? Yes No
If not, explain: _____
3. Do you have spaces that you do not like? Yes No
If not, explain: _____
4. Do you like the color of your teeth? Yes No
If not, explain: _____
5. Do you like the shape of your teeth? Yes No
If not, explain: _____
6. Are your teeth.....
Chipped Protruding Hidden
7. Do you like the way your teeth come together? Yes No
If not, explain: _____
8. Are there old fillings or dental work that you do not like looking at? Yes No
If yes, explain: _____
9. What would you like to change the most in the appearance of your teeth?

10. How would you like your teeth to look?
