

-HELP US EVALUATE YOUR SMILE-

Do you like the appearance of your teeth? If not, please explain.

Are your teeth in proper alignment (straight)? If not, please explain.

Do you have spaces that you don't like? If so, please explain.

Do you like the color of your teeth? If not, please explain.

Are your teeth wearing on the biting surface? If yes, please explain.

Do you currently wear any appliances (Orthodontics, Night Guards, Retainers)?

Are your teeth chipped or fractured? If so, please explain.

If you could change the appearance of your teeth, what would you like to alter?
