



SMILE EVALUATION

We would like to help you obtain the smile you've always wanted.

Please take a few minutes to complete this short questionnaire.

It's best to use a mirror or look at a photograph when evaluating your smile.

- 1) How pleased are you with the appearance of your teeth? Scale 1-10 (10=best)

- 2) Have you had orthodontic treatment (braces) in the past?

- 3) Are there spaces between your teeth or crooked teeth that you don't like?

- 4) Do you have difficulty flossing your teeth or getting food stuck between your teeth?

- 7) If you could change anything about the appearance of your smile, what would it be?
