Name:

 **Smile Evaluation**

Please circle yes or no

1. Do you like the way your teeth look? Yes No

 Explain-

1. Would you like your teeth to be whiter? Yes No

 Explain-

1. Would you like your teeth to be straighter? Yes No

 Explain-

1. Do you have spaces between your teeth that you would like to close?

Yes No

 Explain-

1. Do you like the shape of your teeth? Yes No

Explain-

1. Do you like the shape of your teeth? Yes No

 Explain-

1. Do you have missing teeth that you would like to replace? Yes No

Explain-

1. Do you have old silver fillings that you would like to replace with tooth-coloured fillings? Yes No

 Explain-

1. If you could change anything about your smile, what would it be?





**Finance**



Free smile consultation!