Smile Evaluation

Hold a full face mirror 12"- 14" from your face. Smile to show your teeth; take the time to observe your teeth carefully. Then answer the following questions. (It is helpful to have a friend ask you the questions.)

1	Do you like the appearance of your teeth, your smile? Yes No If not, explain	THYTTYTYTT
2	Are your teeth all in alignment (straight)?	
3	Do you have spaces that you don't like? ☐ Yes ☐ No If yes, explain	(COCCE)
4	Do you like the color of your teeth? Yes No If not, explain	MAAAA
5	Do you like the shape of your teeth? Yes No If not, explain	
6	Are your teeth chipped protruding hidden	Secretary of the Control
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 don't like looking at? Yes No If yes, explain	The Color
9	What would you like to change the most in the appearance of your teeth?	
10	How would you like your teeth to look?	
So that we know better what you expect from the office, please check next to your preferences I prefer:to learn every detail of my carejust an overall explination I prefer:the latest technically-advanced techniquestried and tested methods I prefer:Long lasting solutionsTemporary low cost solutions I prefer:to let my insurance coverage dictate the level of my careChoose my own level of care I prefer:longer appointments with more treatmentShorter appointments with less treatment I:know what my dental condition isdo not know my dental condition I can come for appointments in the:morningafternoonevening		