Smile Evaluation ☺

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To aid in our diagnosis and treatment of your esthetic concerns, please take a moment to answer the following questions. It’s our desire to ensure that you are happy with your smile.

Do you dislike the color of your teeth? Yes No

Do you think your teeth could be a little whiter? Yes No

Do you have any spaces in your teeth that bother you? Yes No

Do you have chips or uneven edges on your teeth? Yes No

Do you feel like your teeth are too long or tooth short? Yes No

Do you have dark fillings that show when you smile? Yes No

Do you think your gums show too much when you smile? Yes No

Are your teeth crowded or crooked? Yes No

Do you have existing dental work that you consider “ugly”? Yes No

Are you self-conscious of your teeth/ or smile? Yes No

Do you avoid smiling in pictures? Yes No

Do you catch food between your teeth? Yes No

Would you like to improve your existing smile? Yes No

Are you unhappy with your teeth and their appearance? Yes No

Do you wish you had a “new smile”? Yes No

**Are you nervous when coming to the dentist? Some Extremely No**

If you could change one thing about your smile/teeth- What would it be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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