

Smile Self-Evaluation

Name _____

Today's Date _____

Please complete this evaluation so we know how to help you achieve the smile that will make you happy.

1. Are you 100% happy with the appearance of your teeth and your smile? YES NO

If no, what would you like to change, if possible ?

- the color of my teeth
- the shape of my teeth
- spaces between my teeth
- uneven teeth
- chipped teeth
- amount of gum tissue that shows when I smile
- crooked or overlapping teeth that show when I smile
- visibly missing teeth
- visible metal restorations
- discolored restorations
- old crowns, bridges or dentures
- other - please explain in detail _____

2. Are any of your teeth loose or causing you discomfort ? YES NO

If yes, please explain in detail _____

3. Do you have any questions about dentistry or your oral health that have never been adequately answered? YES NO

If yes, please explain in detail _____

4. Is there anything you would like the Doctor or Hygienist to discuss with you today? YES NO

If yes, please explain in detail _____

5. Would you like one of our Business Assistants to discuss dental financing programs available through Capital One and Wells Fargo Bank?

YES NO

Your dental treatment may be more affordable than you realize.