



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.

Do you like the appearance of your teeth, your smile? YES ___ NO ___
If not, explain –

1. Are your teeth all in alignment (straight)? YES ___ NO ___
If not explain –

2. Do you have spaces that you don't like? YES ___ NO ___
If yes explain –

3. Do you like the colour of your teeth? YES ___ NO ___
If not explain –

4. Do you like the shape of your teeth? YES ___ NO ___
If not explain –

5. Are your teeth?
Chipped _____ Protruding _____ Hidden _____

6. Do you like the way your teeth come together? YES ___ NO ___
If not explain –

7. Are there old fillings or dental work that you don't like looking at? YES ___ NO ___

8. What would you like to change most in the appearance of your teeth?

9. How would you like your teeth to look?