



Esthetic Smile Evaluation

Please answer the following questions. If you have no esthetic concerns, you may skip this step.

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| 1. Are you unhappy with the colour of your teeth? | Yes | No |
| Not Sure | | |
| 2. Do you have any spaces or chips on your teeth that you would like to change? | Yes | No |
| Not Sure | | |
| 3. Do you feel that your teeth are too short or too long? | Yes | No |
| Not Sure | | |
| 4. Do you have dark fillings that show when you smile? | Yes | No |
| Not Sure | | |
| 5. Do you have a "gummy smile"? | Yes | No |
| Not Sure | | |
| 6. Do you have crowded or crooked teeth? | Yes | No |
| Not Sure | | |
| 7. Do you have existing crowns or fillings that you consider unattractive? | Yes | No |
| Not Sure | | |
| 8. Are you self-conscious of your smile in photographs? | Yes | No |
| Not Sure | | |
| 9. Would you like to improve your existing smile? | Yes | No |
| Not Sure | | |

If you answered YES to any of these questions, please let us know. We can help you!