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 _____

_____

Are your teeth all in alignment (straight)? Yes No
If not, explain _____

_____

Do you have spaces that you don't like? Yes No
If yes, explain _____

_____

Do you like the color of your teeth? Yes No
If not, explain _____

_____

Do you like the shape of your teeth? Yes No
If not, explain _____

_____

Are your teeth:
Chipped _____ Protruding _____ Hidden _____

Do you like the way your teeth come together? Yes No
If not, explain _____

_____

Are there old fillings or dental work that you don't like looking at? Yes No
If yes, explain _____

_____

What would you like to change most about the appearance of your teeth?

_____

How would you like your teeth to look?

_____