

IMPORTANT
Please Read

In order to successfully submit these forms online it will require you to use the Adobe Acrobat Reader plugin for your web browser. If you do not have that you can click the link below and install it.

If you attempt to fill out these forms and submit them online using Adobe Acrobat Reader itself, or another similar utility, this will fail.

However, if you wish you can print out the forms using Adobe Acrobat Reader, or another similar utility, fill them out and bring them to your appointment.

Thank you for your cooperation.



A Simple Quiz to Help You Obtain the Smile You've Always Wanted.

SMILE EVALUATION

Hold a mirror 12 - 14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully, then answer the following questions. (It is helpful to have a friend ask you the questions.)

1. Do you like the appearance of your teeth: your smile? ☐ Yes ☐ No
If not, explain _____



Stained and Chipped

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



Spaces

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

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



Calcification Stains

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



Fanged Teeth

6. Are your teeth ...
chipped? _____ protruding? _____ hidden? _____

7. Are your teeth wearing on the biting surfaces? ☐ Yes ☐ No
If yes, explain _____



Stained and Crooked

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



Porcelain Crowns

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

10. How would you like your teeth to look?



Beautiful Smile