



# Smile Assessment Sheet

To assess your smile, take a moment to answer the following questions

Take your time and answer each question as clearly and accurately as you can.  
Your answers will help us to determine the type of treatment most suited to your needs.

1. Are you pleased with the general appearance of your teeth and smile?  Yes  No  
If no, explain: \_\_\_\_\_
2. Are your teeth straight?  Yes  No  
If no, explain: \_\_\_\_\_
3. Are there spaces between your front teeth that you dislike?  Yes  No  
If yes, explain: \_\_\_\_\_
4. Are you satisfied with the colour of your teeth?  Yes  No  
If no, explain: \_\_\_\_\_
5. Are you satisfied with the shape of your teeth?  Yes  No  
If no, explain: \_\_\_\_\_
6. Are any of your teeth:  Chipped?  Hidden?  Protruding?  
If so, please describe: \_\_\_\_\_
7. Are you satisfied with the way your teeth come together (bite)?  Yes  No  
If no, explain: \_\_\_\_\_
8. Do you have old fillings or dental work that makes you less confident about your smile and/or appearance?  Yes  No  
If yes, explain: \_\_\_\_\_
9. What would you like to change about the appearance of your teeth? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. How would you like your teeth to look? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Now that you have answered these questions, we would like to review your responses with you.  
Print this page and bring it with you for a free consultation. There are probably several alternatives we can suggest to help you achieve a more pleasing smile.