

SMILE SURVEY

We would like to help you achieve the smile you've always wanted. Please take a few minutes to complete this short questionnaire.

1. Are you pleased with the appearance of your teeth when you smile? Y/N
2. Are you pleased with the color of your teeth? Y/N
3. Are you pleased with the shape of your teeth? (too small/big, too short/long) Y/N
4. Are there spaces between your teeth that you don't like? Y/N
5. Do you like the way your teeth fit together when you bite? Y/N
6. Are there old fillings or other dental work that you aren't happy with? Y/N

If you could wave a magic wand and change anything at all about your smile what would you change? _____
