



Obtain the Smile you have Always Wanted

5565 Grossmont Center Drive • Building 3, Suite 257 • La Mesa, CA 91942

Phone (619) 462-8550 • Fax (619) 465-0834

Smile Evaluation

Hold the face mirror 12" – 14" from your face. Smile to show your teeth; take time to observe your teeth carefully, then answer the following questions.

1. Do you like the appearance of your teeth and smile? _____YES_____NO

If not, explain: _____

2. Are your teeth all in alignment (straight)? _____YES_____NO

If not, explain: _____

3. Are any of your teeth Chipped_____Protruding_____Hidden_____

4. Do you have spaces that you do not like? _____YES_____NO

If not, explain: _____

5. Do you like the color of your teeth? _____YES_____NO

If not, explain: _____

6. Do you like the shape of your teeth? _____YES_____NO

If not, explain: _____

7. Do you like the way your teeth come together? _____YES_____NO

If not, explain: _____

8. Are there any old fillings or dental work that you do not like looking at? _____YES_____NO

If not, explain: _____

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

If not, explain: _____

10. How would you like your teeth to look?

If not, explain: _____

Patient Name: _____Date: _____