

REISMAN DENTAL GROUP

SMILE EVALUATION

Patient Name _____

Date _____

1. When I see a picture of myself, the first thing I notice about my smile is: _____
2. Something I often notice about other smiles that I consider attractive is: _____
3. Aside from yourself, who would be the first person you would want to see your new smile? _____

PLEASE MARK AN "X" BY THE STATEMENTS BELOW THAT YOU AGREE WITH

____ I wish the color of my teeth were whiter.

____ I wish I had a broader smile.

____ I think some of my teeth are too small.

____ I think some of my teeth are too large.

____ I wish my teeth were straighter.

____ I think my gums show too much when I smile.

____ I think my smile shows too much space between some of my teeth.

____ Because I am not totally pleased with my smile, I sometimes hesitate to smile.

____ I have often wished I could change some of the features of my smile.

____ I feel as though I don't really know all of the options available for enhancing my smile.

____ Concerns over what the end result might look like, have been a factor in my not having aesthetic dentistry in my own mouth.

____ Concerns over fees have prevented me from taking advantage of some of the available options to enhance my smile.

____ I feel as though I could do a better job protecting the health of my teeth and gums, thereby protecting the longevity of my own smile.