



Please take a moment to observe your teeth carefully and answer the questions below. Your response enables us to understand your expectations and concerns about your dental health.

1. On a scale of 1 to 10, how do you feel about your teeth and smile? 1 meaning you don't like anything, 10 meaning everything is great! \_\_\_\_\_
2. Are you concerned about the color of your teeth? \_\_\_\_\_  
\_\_\_\_\_
3. Do you like the shape of your teeth? \_\_\_\_\_  
\_\_\_\_\_
4. Do you have spaces that you don't like? \_\_\_\_\_  
\_\_\_\_\_
5. Are your teeth... all in alignment? Straight? Crooked? Crowded? \_\_\_\_\_  
Is this a concern? \_\_\_\_\_
6. Are your teeth... chipped? Protruding? Hidden? \_\_\_\_\_  
\_\_\_\_\_
7. Are there old fillings or dental work you don't like looking at? \_\_\_\_\_  
\_\_\_\_\_
8. Is there anything about the appearance of your teeth that you would like to change? \_\_\_\_\_  
\_\_\_\_\_
9. Tell us about your smile. Do you like the appearance of your teeth? \_\_\_\_\_  
\_\_\_\_\_
10. How would you like your teeth to look? \_\_\_\_\_  
\_\_\_\_\_
11. Have you been disappointed with the appearance of previous dental work? Please explain. \_\_\_\_\_  
\_\_\_\_\_