

# Smile Evaluation

## Obtain The Smile You've Always Wanted

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

1. Do you like the appearance of your teeth and your 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 don't like? Yes    No  
If yes,  
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 don't like looking at? Yes    No  
If yes, explain: \_\_\_\_\_
  
9. What would you like to change the most about the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_
  
10. How would you like your teeth to look?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_