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To assist in helping you, kindly check your smile, both slight and full, in a close-up mirror.

1. Are your front teeth straight?

Yes _____ No _____ not sure _____

2. Are your front teeth even in length?

Yes _____ No _____ not sure _____

3. Are your teeth all the same color?

Yes _____ No _____ not sure _____

4. Are any front fillings you can see a different color match than your teeth?

Yes _____ No _____ not sure _____

5. Do any unsightly restorations show in your back teeth when you smile broadly or laugh?

Yes _____ No _____ not sure _____ Look at the necks of your teeth along the gum line.

6. Are the gums receding from the teeth?

Yes _____ No _____ not sure _____

7. If you could change your smile, what would you most like to change?

Please bring this form with you to your appointment.