Dr Thomas Sammons & Dr Ann Laurent
Dental Artistry

SMILE EVALUATION

Patient Name: ____

Hold a full-face mirror 12-14 inches from your face. Smile to show your teeth; take the time to observe your teeth carefully. Then answer the following questions (it is helpful to have a friend ask you the questions)

1. Do you like the overall appearance of your teeth, your smile? Yes No
   If NO, please describe: ______________________________

2. Do you consider that your teeth are in good alignment (straight)? Yes No
   If NO, please describe: ______________________________

3. If you could have straight teeth in 6 months' time, would you be Interested? Yes No

4. Do you have spaces between your teeth that you don't like? Yes No
   If YES, please describe: ______________________________

5. If you could have whiter teeth in approximately 1 hour, would you be interested? Yes No

6. Do your teeth have unattractive stains? Yes No
   Tobacco stains_____ Coffee/Tea stains_____ Discolored Fillings_____
   Silver filling stains_____ Tetracycline stains_____ Other_____

7. Do you like the shape of your teeth? Yes No
   If NO, please explain: ______________________________

8. Do you think that your teeth are attractive? Yes No
   If no, please explain: Chipped _____ Overlapping _____ Protruding _____
   Hidden _____ Excessively worn _____ Artificial looking _____ Discolored _____

9. Do you like the way that your upper and lower teeth come together? Yes No
   If NO, please describe: ______________________________

10. Do you consider that your existing fillings or dental work is unattractive?
    If YES, please describe:______________________________ Yes No

11. Do you think that your gums are unattractive? Yes No
    Swollen______ Reddened______ Bleed Easily______ Excessively Receded ______
    Crowns are ill-fitting___Difficult to clean between teeth_________

12. Do you suffer from halitosis (bad breath)? Yes No
    If yes, explain for how long you have noticed this:_________________________
    Gastric/stomach issues_________ Sinus issues _________ Diabetic_________
    Have ever been told you have gum disease_________

13. What would you like to change the most in the appearance of your teeth, your smile?
    ____