



Take our.....

SMILE ASSESSMENT

and see if you might be a candidate for an enhanced smile.

Yes No

___ ___ Are you comfortable showing your teeth when you smile?

___ ___ Are you happy with the appearance of your teeth?

___ ___ Do you have unsightly crowns or fillings?

___ ___ Are your teeth sensitive to hot or cold?

___ ___ Do you feel your teeth are too long or too short?

___ ___ Do you like the color of your teeth?

___ ___ Are you interested in replacing missing teeth?

___ ___ Are you familiar with the benefits of dental implants?

___ ___ Are your gums receding?

What is holding you back from your perfect smile?

___ Fear

___ Time

___ Cost

___ Other _____

Name: _____