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1. What are your chief dental concerns? _____

2. Do you like the way your teeth look? Yes__ No__
Explain: _____

3. Are you happy with the color of your teeth? Yes__ No__
Explain: _____

4. Would you like your teeth to be whiter? Yes ___ No____
Explain: _____

5. Would you like your teeth to be straighter? Yes___ No____
Explain: _____

6. Do you have spaces between your teeth that you would like closed? Yes ___ No ___
If so, where? _____

7. Would you like your teeth to be longer? Yes ___ No ____
If so, Upper ___ Lower ___ Both ___?

8. Do you like the shape of your teeth? Yes ___ No____
Explain: _____

9. Do you have missing teeth that you would like to replace? Yes ___ No ____
Explain: _____

10. Do you have old silver fillings that you would like to replace with tooth- colored
Yes___ No__
Explain: _____

11. If you could change anything about your smile, what would you change?
