



## *Do You Have a Great Smile?*

(Circle One)

- Y    N    Are you uncomfortable showing your teeth when you smile?
- Y    N    Are you happy with the appearance and alignment of your teeth?
- Y    N    Do you have unsightly crowns or fillings?
- Y    N    Are your gums sensitive, receding, or do they bleed when you brush?
- Y    N    Do you feel your teeth are too long or too short?
- Y    N    Do you feel that the color of your teeth could be better?
- Y    N    Do you have questions about the benefits of dental implants?
- Y    N    Are your teeth sensitive?
- Y    N    Are you anxious or fearful of treatment?
- Y    N    Is the lack of time holding you back from the perfect smile?
- Y    N    Are finances holding you back from the perfect smile?
- Y    N    Is there something else holding you back?
- Y    N    Do you feel you will eventually need dentures?
- Y    N    Have you ever been told or have you noticed that you grind your teeth at night?

Name: \_\_\_\_\_

Date: \_\_\_\_\_