



Willow Bend Dental

Smile Evaluation

Patient Name: _____

We would like to help you obtain the smile you have always wanted. Please take a few minutes to complete this short Smile Evaluation. While using a mirror or looking at a photograph, please observe your teeth carefully.

1. Are you pleased with the appearance of your teeth when you smile?

2. Do you have any concerns about bad breath?

3. Are there spaces between your teeth that you do not like?

4. Are you pleased with the color of your teeth?

5. Are you pleased with the shape of your teeth?

6. Are your teeth:

Chipped? _____ Protruding? _____ Hidden? _____ Crowded? _____

7. Do you like the way your teeth fit together when you bite?

8. Are there old fillings or dental treatment that you are not happy with?

9. What would you change (if anything) about your smile?

10. Would you like to see how your smile could look different?
