

Welcome to the office of



www.NorthCantonSmiles.com

SMILE EVALUATION

A few questions to help you obtain the smile you've always wanted!

Are your teeth Chipped / Protruding / Hidden? Yes No

If not, explain. _____

Are your teeth all in alignment (straight)? Yes No

If not, explain. _____

Do you have spaces that you don't like? Yes No

If yes, explain. _____

Do you like the color of your teeth? Yes No

If not, explain. _____

If you could safely whiten your teeth, would you be interested? Yes No

Do you like the shape of your teeth? Yes No

If not, explain. _____

Are there old fillings or dental work that show when you smile or you don't like looking at? Yes No

If yes, explain. _____

Do you clench or grind your teeth? Yes No

If yes, explain. _____

What would you like to change the most about the appearance of your teeth?
