

Assess Your Smile: Smile Quiz

Our team understands that you want to look like **you** with a brighter, more refined smile. You want to be treated by a team who cares, who you can trust and feel confident in the treatment you receive.

By answering a few questions we are able to customize your treatment because there is no “one-size-fits-all-smile”. Be as specific as you can to help us determine which cosmetic services would help your smile become your best smile. Your Smile Is Waiting!

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|--|------------|-----------|
| 1. My teeth are (circle description applies) Chipped / Broken / Protruding / Hidden | Yes | No |
| 2. Are you missing 1 or more teeth? | Yes | No |
| 3. I have crooked teeth I'd like to have straightened. | Yes | No |
| 4. Do you have gaps or spaces that you don't like?
If yes, explain: | Yes | No |
| 5. My teeth are (circle if applies) Discolored / Stained / Mottled | Yes | No |
| 6. Do you have a concept of how white you would like your teeth?
If yes, explain: | Yes | No |
| 7. My teeth are uneven in shape or size. | Yes | No |
| 8. My gums are puffy or hang over my teeth. | Yes | No |
| 9. I have visible metal restorations, like fillings or crowns, that show when I smile?
If yes, explain: | Yes | No |
| 10. Do you clench or grind your teeth?
If yes, explain: (during the day, at night, under stress...) | Yes | No |
| 11. What would you like to change the most about the appearance of your teeth? | | |
| 12. Do you feel that this change would help a specific area of your life? | | |

If you answered YES to ANY of the questions above, there are often several alternatives to improve your teeth and smile.
You can have the smile you've always wanted!

To schedule your complimentary consultation with Dr. Bertolini, call our office at 330-494-6305.