

First _____ Last: _____

😊 Tell Us About Your Smile 😊

- What concerns do you have about the appearance of your teeth and/or smile?
- In social situations, how do you feel about your teeth and smile?
- How do you feel about the current whiteness or lack of whiteness of one or more of your teeth?
- Could you list any concerns you may have concerning the position, angle or shape of one or more teeth?
- If there are any changes you would like to make to your upper and/or lower teeth, what changes would that be?
- What previous dental treatment are you not satisfied with?
- What would you like to know about esthetic/cosmetic dentistry?