

Smile Analysis

Check all that apply.

- I don't like the color of my teeth.
- My teeth look worn down.
- My teeth are chipped or cracked.
- My teeth are crowded and not straight.
- My teeth have lots of spaces.
- I feel like I have a "gummy" smile.
- My teeth are too long.
- My teeth are too short.
- I have dark or silver fillings that I'd like replaced.
- I have crowns with dark lines at the gumline.
- I have tried over-the-counter whitening gel.
- I like the results of my whitened teeth.
- I use whitening toothpaste and/or mouthwash.
- I am a smoker.
- I drink coffee, tea or carbonated beverages.
- I drink wine.

Please list any other concerns you have about your teeth and smile.

Name _____ Date _____