



Smile/Facial Assessment

Please take your time and answer each question as clearly and accurately as you can. Your answers will help us determine the type of treatment most suited to your needs.

Are you pleased with the general appearance of your teeth and smile? YES NO

If no, let us know your primary concern:

Are there any gaps in your teeth that you dislike or bother you, including missing teeth? YES NO

If yes, let us know where (top or bottom jaw, left or right side), and how it affects your smile or chewing:

Do you have any old crowns that are discolored or look unnatural? YES NO

If yes, let us know where (top or bottom jaw, left or right side), and how it affects your smile or chewing:

Would you like whiter teeth? YES NO

If yes, let us know if you had any whitening procedures in the past, what type?

Are your teeth straight? YES NO

If no, let us know your primary areas of concern:

Have you ever had facial aesthetics treatment (Botox, Juvederm, etc.) before? YES NO

If yes, which one(s), where on your face and when?

Would you be interested in finding out more information about facial aesthetics procedures? YES NO

If yes, which procedure(s)?

Is there anything else you would like to discuss with us regarding facial aesthetics treatment or the function and appearance of your teeth? YES NO

If yes, please explain below:
