

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:

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**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:

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**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:

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**Would you like whiter teeth?**

YES  NO

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

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**Are your teeth straight?**

YES  NO

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

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**Have you ever had facial aesthetics treatment (Botox, Juvederm, etc.) before?**

YES  NO

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

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**Would you be interested in finding out more information about facial aesthetics procedures?**

YES  NO

If yes, which procedure(s)?

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**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:

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