



Personalized Esthetic Evaluation

Please answer the following questions as honestly as possible. They are designed to aid our diagnosis and treatment of your esthetic concerns.

What would you say is your best facial feature? (e.g. eyes, nose, hair, etc.) _____

Are you self-conscious about smiling in front of other people or for the camera? Yes ___ No ___

Do you feel you photograph better from one side of your face? Yes ___ No ___

If your smile was improved, would you feel more confident? Yes ___ No ___

If your smile was improved, would you feel happier? Yes ___ No ___

Do you like the colour of your teeth? Yes ___ No ___

If no, please explain _____

Describe the colour of your teeth as you see them: _____

Do you have spaces between your teeth? Yes ___ No ___ Do they bother you? Yes ___ No ___

If yes, please explain _____

Do you feel that you show too much or too little gum tissue when you smile? Yes ___ No ___

If yes, please explain _____

Do you have chipped or uneven edges on your teeth? Yes ___ No ___

Does the shape of your teeth bother you? Yes ___ No ___

If yes, please explain _____

Do you feel that your teeth are too crowded or misaligned? Yes ___ No ___

If yes, please explain _____

Do you feel that you have a large overbite or your teeth stick out too much? Yes ___ No ___

If yes, please explain _____

Are your teeth too long? Yes ___ No ___ Are your teeth too short? Yes ___ No ___

Are your teeth too big? Yes ___ No ___ Are your teeth too small? Yes ___ No ___

Do you have old fillings or dental work that bothers you? Yes ___ No ___

If yes, please explain _____

What would you like to change the most about your teeth or your smile? _____

Please describe how you would ideally like your teeth to look: _____

There are many modern techniques and materials that can be used to help you get the smile you've always wanted.