



BLACK MOUNTAIN
FAMILY DENTISTRY

Obtain The Smile You've Always Wanted

Smile Evaluation

Rate the appearance of your teeth and your smile?

Love them

Like them

Hate them

Are your teeth all in alignment (straight)?

Yes No

If not, explain: _____

Are any of your teeth....

Chipped

Protruding

Hidden

Do you have spaces that you don't like?

Yes No

If yes, explain: _____

Do you like the color of your teeth?

Yes No

If not, explain: _____

Do you like the shape of your teeth?

Yes No

If not, explain: _____

Do you like the way your teeth come together?

Yes No

If not, explain: _____

Are there any old fillings or dental work that you don't like looking at? Yes No

If yes, explain: _____

What would you like to change the most about the appearance of your teeth? How would you like your teeth to look? _____
