

## ANALYZE YOUR OWN SMILE

1. Would you like a whiter, more youthful smile? Y or N
  2. Do you see any defects in the appearance of your teeth or gums? Y or N
  3. Are there spaces or gaps between any of your teeth? Y or N
  4. Are your teeth crowded? Y or N
  5. If you have crowding or spaces, is it getting worse? Y or N
  6. Are any of your teeth too long or too short? Y or N
  7. Are any of your teeth crooked, jagged, worn or chipped? Y or N
  8. Do you have old fillings or bonding that are chipped, discolored, misshaped, worn, or otherwise in need of upgrading? Y or N
  9. Do you have old veneers or crowns that need upgrading? Y or N
  10. Do you have missing teeth that you would like replaced? Y or N
  11. Is the appearance of your smile out of balance from one side to the other? Y or N
  12. Is there anything else about your teeth or your smile that you would like to change if it were possible? Y or N
- If you answered “Yes” to any of these questions, would you like to discuss options for cosmetic dentistry with us? Y or N