

Take our...

SMILE ASSESSMENT

Yes No

- Are you comfortable showing your teeth when you smile?
- Are you happy with the appearance of your teeth?
- Do you have unsightly crowns or fillings?
- Are your gums or teeth sensitive?
- Do you feel your teeth are too long?
- Do you feel your teeth are too short?
- Do you like the color of your teeth?
- Are you missing teeth?
- Are you interested in improving the appearance of your teeth?
- Are you familiar with the benefits of dental implants?
- Are your gums receding?
- Are you anxious or fearful of treatment?
- Are you happy with the alignment of your teeth?
- Is fear holding you back from a perfect smile?
- Is lack of time holding you back from a perfect smile?
- Is cost holding you back from a perfect smile?
- Is there something else holding you back from a perfect smile not listed?

Please feel free to explain any answers.