

# Duca Dentistry

# Smile Evaluation

Name \_\_\_\_\_

Date \_\_\_\_\_

1. Do you like the way your teeth look?    Yes     No   
Explain: \_\_\_\_\_
  
2. Are you happy with the color of your teeth?    Yes     No   
Explain: \_\_\_\_\_
  
3. Would you like for your teeth to be whiter?    Yes     No   
Explain: \_\_\_\_\_
  
4. Would you like your teeth to be straighter?    Yes     No   
Explain: \_\_\_\_\_
  
5. Do you have spaces between your teeth that you would like closed?    Yes     No   
If so, where? \_\_\_\_\_
  
6. Would you like your teeth to be longer?    Yes     No   
If so, Upper \_\_\_ Lower \_\_\_ Both \_\_\_?
  
7. Do you like the shape of your teeth?    Yes     No   
Explain: \_\_\_\_\_
  
8. Do you have missing teeth that you would like to replace?    Yes     No   
Explain: \_\_\_\_\_
  
9. Do you have old silver fillings that you would like to replace with tooth-colored fillings?  
Yes     No   
Explain: \_\_\_\_\_
  
10. If you could change anything about your smile, what would you change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_