

# At-Home Smile Analysis Checklist

## THINK ABOUT YOUR SMILE FOR A FEW SECONDS & ANSWER THE FOLLOWING:

Are you unhappy with the appearance of your teeth or smile?	Y	N
Do you wish you could change the color, shape, or size of your teeth?	Y	N
Do you wish your smile could look like your favorite celebrity's smile?	Y	N
Do you shy away from smiling in public?	Y	N
Do you hold back laughter to prevent your smile from being seen?	Y	N
Do you ever hold your hand or other objects in front of your face when talking?	Y	N
Do you smile in photos with your lips closed to prevent your teeth from being seen?	Y	N
Are you embarrassed to see a dentist because of what they might think of your teeth?	Y	N
Would you like to feel better about your smile?	Y	N

## LOOK IN THE MIRROR, SMILE LIKE YOU MEAN IT! NOW, ANSWER THE FOLLOWING:

Are there any teeth missing?	Y	N
Are your teeth crooked / uneven?	Y	N
Are your teeth stained or yellow?	Y	N
Do you see your teeth as too small or too large?	Y	N
Do you have any old silver fillings?	Y	N
Do you have any metal crowns, or white crowns with dark edges?	Y	N
Do you see flattened, worn down, or chipped teeth?	Y	N
Do you have gaps between your teeth?	Y	N
Do you feel you have a "gummy" smile?	Y	N
Do you see any gums that are "falling away," or teeth that appear longer than before?	Y	N
Do you have any gums that are puffy, red, or bleed easily?	Y	N

**Please fill out and bring this to your initial appointment. This will help us determine what treatment is right for you!**