

At-Home Smile Analysis Checklist

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

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|--|---|---|
| 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!