

Cosmetic Questionnaire

Answering the following questions will help us better assist in giving you the smile you desire.

1. Do you like the appearance of your teeth and smile?

Yes No

If no, please explain: _____

2. Do you have spaces in between your teeth that you are unhappy with?

Yes No

If yes, please explain: _____

3. Do you like the color of your teeth?

Yes No

4. Do you like the shape of your teeth?

Yes No

If no, please explain: _____

5. Are your teeth chipped?

Yes No

6. Are your teeth uneven/crooked?

Yes No

If yes, is this a concern for you? _____

7. Do you have any pain/fatigue associated with your jaw?

Yes No

8. Are there old fillings or dental work you are unsatisfied with?

Yes No

If yes, please explain: _____

9. What would you like to change the most about the appearance of your teeth?

Please explain: _____