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SMILE EVALUATION

Your oral health is our primary concern. We do understand that cosmetics are also an important factor to many of our patients. Please feel free to talk with our staff if you have any questions.

Do you like the way your teeth look? ☐ Yes ☐ No

Explain _____

Are you happy with the color of your teeth? ☐ Yes ☐ No

Explain _____

Would you like your teeth to be whiter? ☐ Yes ☐ No

Would you like your teeth to be straighter? ☐ Yes ☐ No

Would you like your teeth to be longer? ☐ Yes ☐ No

Do you have spaces between your teeth you would like closed? ☐ Yes ☐ No

Do you have missing teeth you would like to replace? ☐ Yes ☐ No

If you could change anything about your smile, what would it be?

Creating healthy beautiful smiles in a family environment