**Brown & Kupper, DDS, Inc.**

**Name:**_____

**Date:**_____

# Smile Evaluation

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. **Would you like for your teeth to be longer? Yes ❑ No ❑**
   **Explain:**_____

6. **Do you have spaces between your teeth that you would like closed? Yes ❑ No ❑**
   **Explain:**_____

7. **Do you have missing teeth that you would like to replace? Yes ❑ No ❑**
   **Explain:**_____

8. **Do you have old fillings that you would like to replace Yes ❑ No ❑**
   **Explain:**_____

9. **If you could change anything about your smile, what would you change?**

   _____

   _____