



*Quality Care, Beautiful Smile*

## **The Smile You Have Always Wanted**

### **A Simple Quiz To Help You Obtain The Smile You've Always Wanted**

Hold a full face mirror 12 -14" from your face. Smile to show your teeth; take time to observe your teeth carefully. Then answer the following questions.

1. Do you like the appearance of your teeth/smile? **Y N**  
If not, explain \_\_\_\_\_  
\_\_\_\_\_
2. Are your teeth all in alignment (straight)? **Y N**  
If not, explain \_\_\_\_\_  
\_\_\_\_\_
3. Do you have spaces that you don't like? **Y N**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
4. Do you like the color of your teeth? **Y N**  
If not, explain \_\_\_\_\_  
\_\_\_\_\_
5. Do you like the shape of your teeth? **Y N**  
If not, explain \_\_\_\_\_  
\_\_\_\_\_
6. Do you have missing teeth? **Y N**  
If yes, would you consider implants? **Y N**
7. Are your teeth Chipped \_\_\_\_ Protruding \_\_\_\_ Hidden \_\_\_\_
8. Do you like the way your teeth come together? **Y N**  
If not, explain \_\_\_\_\_  
\_\_\_\_\_
9. Are there old fillings and dental work that you don't like looking at? **Y N**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
10. What would you like to change the most in the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_
10. How would you like to look?  
\_\_\_\_\_  
\_\_\_\_\_