SMILE ASSESSMENT

and see if you might be a candidate for an enhanced smile.

res	NO	
		Are you comfortable showing your teeth when you smile?
		Are you happy with the appearance of your teeth?
		Do you have unsightly crowns or fillings?
		Are your gums or teeth sensitive?
		Do you feel your teeth are too long?
		Do you feel your teeth are too short?
		Do you like the color of your teeth?
		Are you missing teeth?
		Are you interested in improving the appearance of your teeth?
		Are you familiar with the benefits of dental implants?
		Are your gums receding?
		Are you anxious or fearful of treatment?
		Are you happy with the alignment of your teeth?
		Is fear holding you back from a perfect smile?
		Is lack of time holding you back from a perfect smile?
		Is cost holding you back from a perfect smile?
		Is there something else holding you back from a perfect smile not listed?

