

SMILE EVALUATION

A Simple Quiz to Help You Obtain the Smile You've Always Wanted

Smile

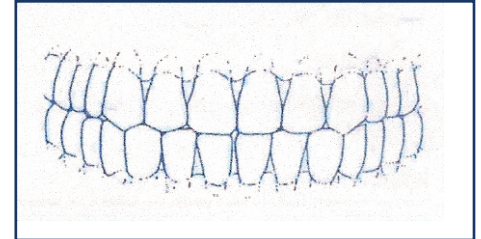
CHAVIS DENTAL

1145 19th Street NW • Washington, DC 20036 • Tel: 202-833-3377

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

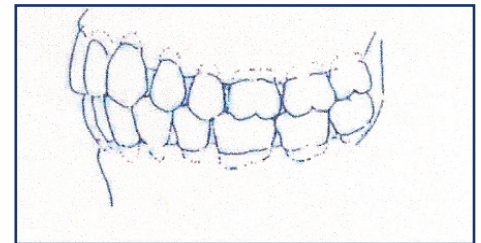
1. Do you like the appearance of your teeth; your smile? Yes No

If not, please explain _____



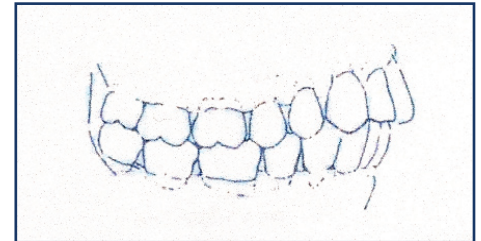
2. Are your teeth all in alignment (straight)? Yes No

If not, please explain _____



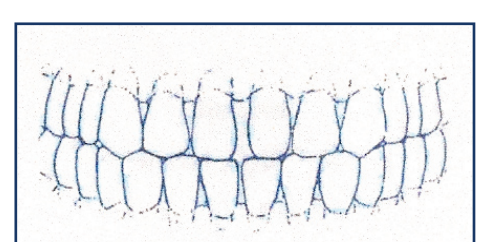
3. Do you have spaces that you don't like? Yes No

If not, please explain _____



4. Do you like the color of your teeth? Yes No

If not, please explain _____



5. Do you like the shape of your teeth? Yes No

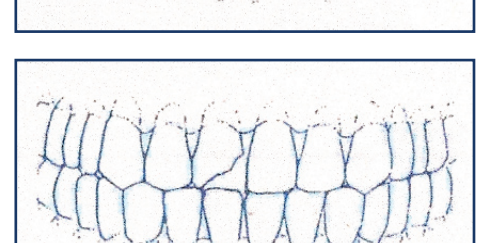
If not, please explain _____



6. Are your teeth . . .
chipped? _____ protruding? _____ hidden? _____

7. Are your teeth wearing on the biting surfaces? Yes No

If yes, please explain _____



8. Are there old fillings or dental work you don't like looking at? Yes No

If yes, please explain _____

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

10. How would you like your teeth to look? _____

