

SMILE ANALYSIS

It is important that we know how you feel about your smile so that we can provide the most appropriate treatment for you.

Please take a few moments to answer the questions below. Thank you.

Would you like to improve the overall look of your smile? YES NO

COMMENTS

Do you suffer from sensitive teeth? YES NO

COMMENTS

Do you have any discoloured teeth or fillings? YES NO

COMMENTS

Do you suffer from jaw ache, headaches or does your jaw click? YES NO

COMMENTS

Do your gums bleed when brushing? YES NO

COMMENTS

Do you have bad breath? YES NO

COMMENTS

Do you wear a mouth guard when playing contact sports? YES NO

COMMENTS

Would you prefer your teeth to be whiter? YES NO

COMMENTS

Are there any other concerns you would like to discuss with your dentist?