

## **Smile Evaluation**

Scott W. Brodie, D.M.D.

.. Do you like the way your teeth look? Yes  No

.. Would you like for your teeth to be whiter? Yes  No

.. Would you like your teeth to be straighter? Yes  No

.. Do you have spaces between your teeth you would like closed? Yes  No

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

.. Would you like your teeth to be longer? (Due to Wear) Yes  No

.. Do you have any missing teeth you would like to replace? Yes  No

.. Do you have any silver fillings you would like to replace with tooth-colored fillings?

Yes  No

.. If you could change anything about your smile, what would you change? \_\_\_\_\_

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Name: \_\_\_\_\_ Date: \_\_\_\_\_