

Windsor Preventive Dental Care Smile Evaluation

We would like to help you obtain the smile you have always wanted. Please take a few minutes to complete this short questionnaire.

Name _____ Date _____

1. Are you pleased with the appearance of your teeth when you smile?

2. Are you satisfied with the shape of your teeth?

3. Are you pleased with the color of your teeth?

4. Do you like the way your teeth fit together when you bite?

5. Do you have concerns that you may have bad breath odor?

6. Are your teeth....

Chipped? _____ Protruding? _____ Hidden? _____ Crowded? _____

7. Are there spaces between your teeth that you do not like?

8. Are there old fillings or dental treatment that you are not happy with?

9. Is there anything about the shape or alignment of your jaws that you are not happy with?

10. If you could change anything about the appearance of your smile, what would that be?
