

SMILE ANALYSIS

WHEN I SEE A PICTURE OF MYSELF, THE FIRST THING I NOTICE ABOUT MY SMILE IS:

_____.

SOMETHING I NOTICE OFTEN ABOUT OTHER SMILES I CONSIDER ATTRACTIVE IS:

_____.

PLEASE MARK ANY STATEMENT:

___ I WISH MY TEETH WERE WHITER.

___ I WISH I HAD A BIGGER SMILE.

___ I THINK SOME OF MY TEETH ARE TOO SMALL.

___ I THINK SOME OF MY TEETH ARE TOO LARGE.

___ I WISH MY TEETH WERE STRAIGHTER.

___ MY GUMS SHOW TOO MUCH WHEN I SMILE.

___ I WISH I COULD REPLACE MY OLD SILVER FILLINGS WITH COSMETIC RESTORATIONS.

___ BECAUSE I AM NOT TOTALLY PLEASED WITH MY SMILE, I SOMETIMES HESITATE TO SMILE.

___ I HAVE OFTEN WISHED I COULD CHANGE SOME OF THE FEATURES OF MY SMILE.

___ I AM CONCERNED OVER HOW THE END RESULT MIGHT LOOK IF I CHANGE MY SMILE.

___ I THINK I NEED TO DO A BETTER JOB PROTECTING THE HEALTH OF MY SMILE.

___ I WOULD LIKE TO DISCUSS COSMETIC OPTIONS TO ENHANCE MY SMILE.

AT CRAB ORCHARD DENTAL CENTER, THOUGH OUR FOCUS IS ON APPEARANCE-RELATED DENTISTRY, OUR TEAM ALSO DELIVERS ROUTINE GENERAL DENTAL CARE AS WELL. WITH FLEXIBLE PAYMENT PLANS AS WELL AS PHASING TREATMENT OVER TIME, YOU AND YOU FAMILY CAN ACHIEVE SPECTACULAR LONG-TERM RESULTS. THANK YOU SO MUCH FOR THE OPPORTUNITY TO BE OF SERVICE.

Warm Regards,

Michael Smith, DDS

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