



## SMILE SATISFACTION SURVEY

PATIENT NAME: \_\_\_\_\_ CHART ID: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SHARE WITH US HOW YOU HEARD ABOUT OUR PRACTICE? \_\_\_\_\_

WHEN WAS YOUR LAST VISIT TO THE DENTIST? \_\_\_\_\_

PLEASE DESCRIBE THE REASON FOR YOUR LAST DENTAL VISIT: \_\_\_\_\_

HAVE YOU EVER BEEN DIAGNOSED WITH A PERIODONTAL CONDITION? \_\_\_\_\_

### WHAT ASPECTS OF YOUR SMILE WOULD YOU LIKE TO IMPROVE?

Welcome to our practice! In order to provide you and your family with the best care possible, please tell us if there are areas that you would prefer to focus on today?

\_\_\_ CROWDING/CROOKED TEETH

\_\_\_ JAW JOINT PAIN

\_\_\_ SPACES

\_\_\_ MISSING TEETH

\_\_\_ TOOTH SHAPE

\_\_\_ DARK TEETH

\_\_\_ TOOTH SIZE

\_\_\_ SPEECH PROBLEMS

\_\_\_ GUMMY SMILE

\_\_\_ OVERBITE

\_\_\_ UNDERBITE

\_\_\_ FACIAL PROFILE

\_\_\_ TEETH ARE DIFFERENT COLORS

\_\_\_ UGLY OLD CROWNS

\_\_\_ OTHER \_\_\_\_\_

I AM INTERESTED IN:

\_\_\_ SIX MONTH SMILES

\_\_\_ CLEAR CORRECT

\_\_\_ TEETH WHITENING

\_\_\_ VENEERS

\_\_\_ OTHER \_\_\_\_\_

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE OUR TEAM TO KNOW ABOUT? \_\_\_\_\_

[www.DentalWellnessCenterGA.com](http://www.DentalWellnessCenterGA.com)

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