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SMILE EVALUATION

(Please circle Yes or No)

1. Do you like the way your teeth look? Yes No
 Explain:
2. Are you happy with the color of your teeth? Yes No
 Explain:
3. Would you like your teeth to be whiter? Yes No
 Explain:
4. Would you like your teeth to be straighter? Yes No
 Explain:
5. Do you have spaces between your teeth that you would like closed?
 Yes No If so where?
 Explain:
6. Would you like your teeth to be longer? Yes No
 If so: Upper Lower Both
7. Do you like the shape of your teeth? Yes No
 Explain:
8. Do you have missing teeth that you would like to replace? Yes No
 Explain:
9. Do you have any old silver fillings that you would like to replace
 with tooth-colored fillings? Yes No
 Explain:
10. If you could change anything about your smile what would you
 change?