

Take our...

# SMILE ASSESSMENT

and see if you might be a candidate for an enhanced smile.

Yes No

- Are you comfortable showing your teeth when you smile?
- Are you happy with the appearance of your teeth?
- Do you have unsightly crowns or fillings?
- Are your gums or teeth sensitive?
- Do you feel your teeth are too long or too short?
- Do you like the color of your teeth?
- Are you interested in replacing any missing teeth?
- Are you interested in improving the appearance of your teeth?
- Are you familiar with the benefits of dental implants?
- Are your gums receding?
- Do your teeth come together in an acceptable manner?

**What is holding you back from your perfect smile?**

- Fear
- Time
- Cost
- Other: \_\_\_\_\_

**Please feel free to explain any answers.**

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