



Smile Brite Dental
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600 South Euclid Street
Anaheim CA 92802

Personalized Esthetic Evaluation

Patient Name: _____ Date: _____

Please answer the following questions that are specifically designed to aid our diagnosis and treatment of your esthetic needs:

- | | | Yes | No |
|-----|---|--------------------------|--------------------------|
| 1. | Do you dislike the color of your teeth?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Do you have spaces between your teeth?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do you have chips or uneven edges on your teeth?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you have dark fillings visible?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are your teeth short?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are your teeth too long?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are your teeth too crowded?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Do your teeth feel "notched" at the gum line?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Do your gums show when you are smiling?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Do your gums feel unhealthy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Do your gums feel irregular in contour?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Have you ever had orthodontic treatment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Are you satisfied with your appearance? | <input type="checkbox"/> | <input type="checkbox"/> |

If not why? _____

- | | | | |
|-----|--|--------------------------|--------------------------|
| 14. | If your smile were improved, would you feel more satisfied?..... | <input type="checkbox"/> | <input type="checkbox"/> |
|-----|--|--------------------------|--------------------------|

In general, how would you improve your smile?

Comments:

Signature: _____