Smile Brite Dental-Naushil Desai, D.M.D.
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?.....	❒	❒
2.	Do you have spaces between your teeth?.....	❒	❒
3.	Do you have chips or uneven edges on your teeth?.....	❒	❒
4.	Do you have dark fillings visible?.....	❒	❒
5.	Are your teeth short?.....	❒	❒
6.	Are you teeth too long?.....	❒	❒
7.	Are your teeth too crowded?.....	❒	❒
8.	Do your teeth feel “notched” at the gum line?.....	❒	❒
9.	Do your gums show when you are smiling?.....	❒	❒
10.	Do your gums feel unhealthy?.....	❒	❒
11.	Do your gums feel irregular in contour?.....	❒	❒
12.	Have you ever had orthodontic treatment?.....	❒	❒
13.	Are you satisfied with your appearance?.....	❒	❒
	If not why?_____		
	_____		
14.	If your smile were improved, would you feel more satisfied?.....	❒	❒

In general, how would you improve your smile?

_____

_____

Comments:

_____

_____

_____

_____

Signature:_____