



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?.....

In general, how would you improve your smile?  
\_\_\_\_\_  
\_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_