

COSMETIC/AESTHETIC EVALUATION

Are you delighted with your smile?_____ Please rate your smile from 1 to 10 (1=I hate my smile, 10=awesome)_____

Would you like to have whiter teeth? Yes No

If you had a magic wand what, if anything, would you change about your smile?_____

What (if any) personal or professional benefit might you gain if you had a gorgeous smile?_____

Do you have any special occasions coming up?_____

Through leading edge technology of Cosmetic Dentistry, we have the ability to help you achieve an incredible smile, even overnight. Using Computer Assisted Dental Imaging, we can simulate how YOU would look after improvements, PRIOR to any treatment! Imaging can be performed as part of your exam visit at no additional charge. Would you like to see what you would look like with a new improved smile? Yes No. If yes, please check off all that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Lighten all front teeth showing | <input type="checkbox"/> Rebuild fracture(s) | <input type="checkbox"/> Straighten rotation | <input type="checkbox"/> Eliminate dark or metal fillings |
| <input type="checkbox"/> Lighten single tooth | <input type="checkbox"/> Lengthen | <input type="checkbox"/> Straighten angulation | <input type="checkbox"/> Reduce gum showing in smile |
| <input type="checkbox"/> Close spaces between teeth | <input type="checkbox"/> Shorten | <input type="checkbox"/> Eliminate crowding | <input type="checkbox"/> Repair uneven edges |

Please add anything you feel is important:_____