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, often 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 and improved smile? ☐ Yes ☐ No. If yes, please check off all that apply:

- ☐ Lighten all front teeth showing
- ☐ Lighten single tooth
- ☐ Close spaces between teeth
- ☐ Rebuild fracture(s)
- ☐ Lengthen
- ☐ Shorten
- ☐ Straighten rotation
- ☐ Straighten angulation
- ☐ Eliminate crowding
- ☐ Eliminate dark or metal fillings
- ☐ Reduce gum showing in smile
- ☐ Repair uneven edges

Please add anything you feel is important:_____

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