

# SMILE EVALUATION

We know that when you look good, you feel good. Tell us what you want to notice when you smile:

- 1) Fresh breathe \_\_\_\_\_
- 2) Teeth that are bright and straight \_\_\_\_\_
- 3) Teeth that are not too big or too small \_\_\_\_\_
- 4) Teeth that have no gaps \_\_\_\_\_
- 5) Teeth that don't show my old silver fillings \_\_\_\_\_
- 6) Overall, I like my smile just the way it is. \_\_\_\_\_

# LEVEL OF CARE

**Are you here for a season or a reason?** Please tell us how important your oral health is to you:

- 1) I just want to get out of pain \_\_\_\_
- 2) I want to achieve and sustain the maximum level of oral health \_\_\_\_
- 3) I want to achieve and sustain the maximum level of oral health and create a beautiful smile. \_\_\_\_