

THE EALING DENTAL PRACTICE

Your Personal Smile Analysis

Please complete this form. The smile analysis is to assess your smile and ascertain all possible options to improve it.

	Yes	No
1. Are you satisfied with your teeth and their appearance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you self-conscious about your teeth when you smile?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you wish your teeth were shaped differently?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you wish you teeth were whiter?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any discoloured teeth, which embarrass you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any irregularly positioned teeth that you dislike?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your front teeth have fillings, which do not match the colour? of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you wish the fillings in your back teeth were tooth coloured instead of black?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your teeth have white or brown stains?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you worry about the cost of cosmetic treatment?	<input type="checkbox"/>	<input type="checkbox"/>
12. If you could alter your smile what would you most like to change?		
