

## 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. Would you like your teeth to be whiter? .....         | <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: \_\_\_\_\_