

## Your Smile Analysis

Your name :

Your age :

Your e-mail address :

Your city and state :

### Please look into the mirror and evaluate your smile

1. How many teeth do you show with your best smile?

2. My teeth seem too dark.

Yes  No

3. How would you describe their color and shade?

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="radio"/> very white        | <input type="radio"/> moderate - white | <input type="radio"/> light - yellow |
| <input type="radio"/> moderate - yellow | <input type="radio"/> dark - yellow    | <input type="radio"/> light - brown  |
| <input type="radio"/> dark - brown      | <input type="radio"/> moderate - grey  | <input type="radio"/> dark grey      |

4. How are color and shade distributed?

Even  Uneven

5. Do you have white or discolored spots on your teeth?

Yes  No

6. Do you see any pitting or defects on the surface of your teeth?

Yes  No

7. Do your front teeth have any visible fillings and/or crowns?

Yes  No

8. Are your teeth crowded?

Yes  No

9. Do you have spaces between your teeth?

How many?

Yes  No

10. What shape and size do your teeth have? Please choose one value per section.

**Section 1**

Long  
 Short  
 Normal

**Section 2**

Narrow  
 Wide  
 Normal

**Section 3**

Large  
 Small  
 Normal

**Section 4**

Square  
 Round  
 Tapered

**Section 5**

Irregular  
 Regular

11. I see significant differences between neighboring teeth.

Yes  No

12. I show my gums when I smile.

Yes  No

13. I like the amount of gums that I show.

Yes  No

14. How would you describe your lips?

Very Full     Full     Normal     Narrow

15. Is there anything you would like to mention about your smile? How did you find us?  
*Use the text area for your comments.*

16. I want to stay current on all latest advances in smile improvement technology, so please send me more information

Yes  No

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## Smile Analysis

### What's Holding your Smile Back?

- 1- Is your smile asymmetrical?



- 3- Are your teeth stained or chipped?



- 4- Do you have a gummy smile?



- 5- Are there spaces between your teeth?



- 6- Are any ugly discolored dental fillings showing?



7- Do any old or recently crowned teeth not match your natural teeth?



- 8- Do your teeth slant one way or another?



- 9- Are your teeth asymmetrically aligned?



- 10- Are your teeth too dark or stained?



- 11- Are they crooked, misshapen or out of line?



- 12- Are the biting edges worn down?



- 13- Are any of your front teeth broken?



- 14- Do you have an overbite or under bite?



- 16- Do you have dark tetracycline staining?



- Are any of your teeth that have silver fillings stained blue gray?



If you answered "Yes" to any of the above questions, or if you find that you shy away from presenting a full smile, cover your mouth with your hands, long for whiter and better looking teeth, then our Smile Designs can help you achieve a gorgeous, healthy, youthful looking smile.