



The Center for
esthetic
Dentistry

Smile Analysis

Name _____

Do you like the appearance of your teeth, your smile?: Yes No
If not, explain what you would like to change: _____

Are your teeth in alignment (straight)?: Yes No
If not, would you be interested in straightening your teeth without braces? _____

When you smile, do you see any discolored fillings?:
If yes, would you like them replaced? Yes No

Do you have spaces you don't like?: Yes No
If yes, explain: _____

Would you be interested in whitening your teeth?: Yes No

Are your teeth: Chipped Protruding Sensitive Worn

Do your gums look and feel healthy?: Yes No
If not, explain: _____

Is bad breath a concern of yours?: Yes No

Where would you like your oral health to be in 5-10 years?: _____

Do you have any other concerns about your teeth and / or gums?: _____

Thank you, your answers will help us achieve your goals!
Dr. Huddleston and team
