



SMILE EVALUATION

We would like to help you obtain the smile you have always wanted. Please take a few minutes to complete this short questionnaire. Use a mirror or look at a photo of yourself and observe your teeth carefully.

1. Are you pleased with the appearance of your teeth when you smile?

2. Are you pleased with the color of your teeth?

3. Are you pleased with the shape of your teeth?

4. Are there any spaces between your teeth you are unhappy with?

5. Are your teeth chipped? _____ protruding? _____ hidden? _____ crowded? _____

6. Do you like the way your teeth fit together?

7. Are there any old fillings or dental treatment that you are unhappy with?

8. If you could change anything about the appearance of your smile, what would it be?

9. Do you have any concerns about bad breath odor?

10. Is there anything about the shape or alignment of your jaws that you are unhappy with?

DR. TODD A. NAPIERALSKI DR. BRIAN P. WISNIEWSKI

123 South Street Chelsea, MI 48118

(734) 475-8500

Fax: (734) 475-8171

www.chelseafamilydentistry.com