SMILE ASSESSMENT

and see if you might be a candidate for an enhanced smile.

		Yes	No	
				Are you comfortable showing your teeth when you smile?
				Are you happy with the appearance of your teeth?
				Do you have unsightly crowns or fillings?
				Are your teeth sensitive to hot or cold?
		0		Do you feel your teeth are too long or too short?
		0		Do you like the color of your teeth?
		0		Are you interested in replacing missing teeth?
				Are you familiar with the benefits of dental implants?
				Are your gums receding?
What is holding you back from your perfect smile?				
		Fear		
		Time		
		Cost		
		Other		