

Your Smile Analysis - Your Name _____

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 or No

3) How would you describe their color and shade?

Very White ___ Light – yellow ___ Light – brown ___ Moderate gray ___

Moderate – white ___ Moderate – yellow ___ Dark – brown ___ Dark – gray ___

4) How are color and shade distributed? Even or Uneven

5) Do you have white or discolored spots on your teeth? Yes or No

6) Do you see any pitting or defects on the surface of your teeth? Yes or No

7) Do your front teeth have any visible fillings and/or crowns? Yes or No

8) Are your front teeth crowned? Yes or No

9) Do you have spaces between your teeth? Yes No - How many? _____

10) What shape and size do your teeth have? *Please choose one value.*

Long _____

Short _____

Narrow _____

Wide _____

Small _____

11) I see significant differences between the neighboring teeth. Yes or No

12) I show my gums when I smile. Yes or No

13) I like the amount of gums that I show. Yes or No

14) How would you describe your lips? Full ___ Normal ___ Narrow ___

15) Do you like the look of your smile? Yes or No

16) Is there anything that you would like to mention regarding your teeth, gums, lips, or smile that has not been discussed?
