****

**SMILE ANALYSIS**

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you like to smile and show your teeth?

Are you happy with the way your teeth look?

Are you interested in Invisalign or braces?

Are your teeth sensitive to hot or cold?

Are you interested in replacing any missing teeth?

Are you interested in whitening your teeth?

Are you interested in ways to stop snoring?

Do your teeth or gums hurt?

Do your gums need to be rejuvenated?

Are you anxious or fearful of dental treatment?

Are you interested in Cosmetic Dentistry?

**Smile Analysis Form**