

# SMILE EVALUATION



## STONY HILL DENTAL CARE

Dr. Borrello  
76 Stony Hill Road  
Bethel, CT 06801

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

We would like you to obtain the smile you have always wanted. Please take a few moments to complete this short questionnaire and bring it with you to your examination. When looking in a mirror, or at a self photograph, look at your teeth carefully. Feel free to discuss any questions or concerns with the doctor.

1. Are you pleased with the appearance of your teeth when you smile?  
 Yes       No
2. Are you pleased with spacing between your teeth?  
 Yes       No
3. Are you pleased with the color of your teeth?  
 Yes       No
4. Are you pleased with the shape of your teeth?  
 Yes       No
5. Are you pleased with the appearance of your gums when you smile?  
 Yes       No
6. Do you like the way your teeth fit together when you bite?  
 Yes       No
7. Do your old fillings still please you?  
 Yes       No
8. Are your teeth...  
    Chipped?       Yes       No  
    Protruding?       Yes       No  
    Crowded?       Yes       No

9. Are you pleased with the way your jaws align?  
 Yes       No

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

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