



PERSONAL SMILE EVALUATION

Name: _____ Date: _____

When I see a picture of myself:

- I wish my teeth were whiter.
- I wish I had a wider or broader smile.

My teeth are:

- Crowded.
- Crooked.
- Uneven.
- Overlapped.
- My teeth have rough edges.

My gums show:

- Too much when I smile.
- Not enough when I smile.
- My top teeth do not show enough.
- There is too much space between some of my teeth.

Additional thoughts:

- I have discolored areas between my teeth.
- I am not totally please with my smile.
- I sometimes hesitate to smile.
- I am interested in options available for enhancing my smile.