

APPEARANCE OF YOUR TEETH FORM

Name: _____

Date: _____

If you could improve your smile in an easy, comfortable way, would you?

If you answer yes to any of the following questions, talk to Dr. Weigand about how you can improve your smile.

- Do you like the appearance of your teeth? Yes No
- Are your teeth in alignment (straight)? Yes No
- Do you have spaces between your teeth? Yes No
- Do you like the color of your teeth? Yes No
- Do you wish your teeth were whiter? Yes No
- Are your teeth protruding? Yes No
- Are your teeth hidden? Yes No
- Are your teeth wearing on the biting surfaces? Yes No
- Are there old crowns, bridges, or fillings you don't like looking at? Yes No

- What would you like your smile to look like?
