

PERSONAL SMILE EVALUATION

Name _____ Date _____

About my Smile:

- I wish my teeth were whiter.
- I wish I had a bigger smile.
- My teeth are:
 - crowded crooked
 - uneven overlapped
 - sensitive rough

My gums show: too much not enough

- My top teeth do not show enough.
- There is too much space between some of my teeth.
- I do not like the shape of my teeth.
- I am not completely pleased with my smile.
- I sometimes hesitate to smile.
- I am interested in options available for enhancing my smile.