SUNSET VALLEY DENTAL

Your Smile Survey

Name: _____ Date: _____

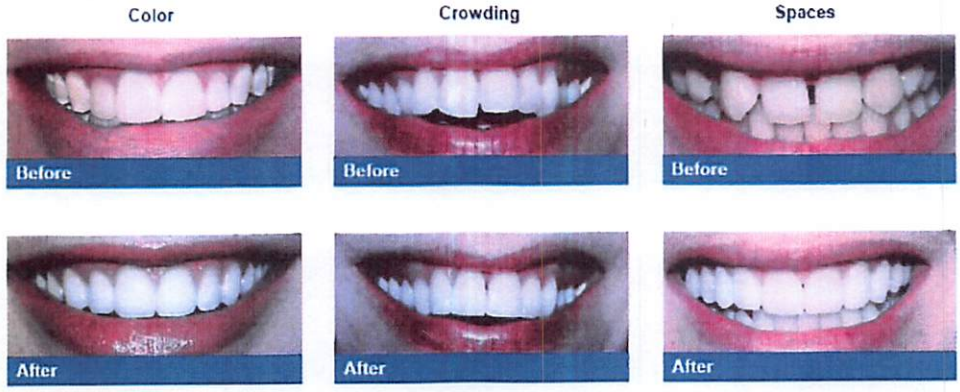
Survey Questions	Yes	No
Do you like the appearance of your smile?	☐	☐
Do you like the appearance of your teeth?	☐	☐
Do you like the color of your teeth?	☐	☐
Do you like the size of your teeth?	☐	☐
Do you have any tooth sensitivity?	☐	☐
Are there old fillings or dental work you don't like looking at?	☐	☐
Do you have spaces between your teeth or crowding you don't like?	☐	☐

On a scale from 1-10, how do you feel about your smile?

Dislike My Smile — Love My Smile

1 2 3 4 5 6 7 8 9 10

Before and After Smile Examples



What would you like to change the most about the appearance of your teeth?

_____

_____

_____

_____