



Smile Questionnaire

Name: _____

1. When you smile in the mirror are you happy with the way your teeth look? Yes No
Please explain _____

2. Have you ever had orthodontic treatment? Like Invisalign or Braces? Yes No
Please explain _____

3. Do you like the color of your teeth? Yes No
Please explain _____

4. Do you like the shape of your teeth? Yes No
Please explain _____

5. Do you have any silver or mercury fillings? Yes No
Please explain _____

6. When was the last time you had your teeth cleaned?
Please explain _____

7. How would you like your teeth to look?
Please explain _____

8. What is your main concern you would like to discuss today?
Please explain _____
