



Smile Analysis

- If you had a magic wand and could change something about your smile what would it be?
- Are you pleased with the color of your teeth? Have you done anything in the past about the shade of your teeth?
- Are there spaces between your teeth that bother you or collect debris?
- Do you feel like you show too much gum or too much tooth when you smile? Do you feel like enough teeth show when you smile?
- · Do you get lip stick on your teeth?
- Are you self conscious about your teeth or smile? Do you avoid smiling in photographs?
- · Are you unhappy with any existing dental work because of stains, chips or dark margins or dark teeth?
- · Are your teeth stained from medications as a child?
- Are your teeth crowded or crooked?
- Do you notice wear on your teeth or areas of recession of the gums? Do you grind your teeth at night?
- Are you comfortable about the way your teeth come together?
- Are the contours of your gums or the spaces at the necks of the teeth a concern?
- · What do others say about your smile?
- · Has your smile changed over the years?
- Do you have a photograph of someone's smile that you feel is attractive?

