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?