DOVE CANYON DENTAL

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PERSONALIZED ESTHETIC EVALUATION

DATE_____

NAME_____ AGE_____

Please answer the following questions that are specifically designed to aid our diagnosis and treatment of your esthetic concerns.

1. Do you dislike the color of your teeth? Yes No
2. Do you have spaces between your teeth? Yes No
3. Do you have chips or uneven edges on your teeth? Yes No
4. Do you have any visible dark fillings? Yes No
5. Are your teeth to short? Yes No
6. Are your teeth too long? Yes No
7. Are your teeth too crowded? Yes No
8. Do you feel “notched” at the gumline? Yes No
9. Do your gums show when you are smiling? Yes No
10. Do your gums feel unhealthy? Yes No
11. Do your gums feel irregular in contour? Yes No
12. Have you ever had orthodontic treatment? Yes No
13. Are you satisfied with your facial appearance? Yes No
14. In general, how would you improve your smile? _____