

Smile Assessment Form

Please consider each statement carefully and circle YES or NO. Dr. Cotton and members of the Dental Team will discuss your responses with you in confidence.

I am concerned about the appearance of my teeth or my smile. YES NO

I am concerned about the whiteness/ lack of whiteness of my teeth. YES NO

I am concerned about the position or angle of one or more of my teeth. YES NO

I am concerned about the shape of one or more of my teeth. YES NO

In social situations, I am sometimes embarrassed by my smile or teeth. YES NO

There are some things about my upper front teeth that I would like to change. YES NO

There are some things about my lower front teeth that I would like to change. YES NO

I have old fillings or previous dental work that is no longer satisfactory to me. YES NO

I am missing one or more of my teeth. YES NO

I am interested in learning more about cosmetic dentistry. YES NO

Please use the space below to indicate any other problems, concerns, or questions. We will make every effort to listen attentively to your concerns so that we can present you with the best possible treatment options.

Thank You.

