

# Smile Analysis

## Montgomery Plaza Dental

A Simple Evaluation to Help You Obtain the Smile You've Always Wanted

Hold a mirror 12"-14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully, and then answer the following questions:

### About You

Today's Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Full Name (Last, First, Initial) \_\_\_\_\_ Mr. · Mrs. · Ms. · Dr.

I prefer to be called \_\_\_\_\_

Do you like the appearance of your teeth and your smile? Yes No If not, explain

Are your teeth all in alignment (straight) Yes No If not, explain

Do you have spaces that you don't like? Yes No If not, explain

Do you like the shape of your teeth? Yes No If not, explain

Are your teeth... Chipped Yes No Protruding Yes No Hidden Yes No If yes, explain

Are your teeth wearing on the biting surfaces? Yes No If yes, explain

Are there old fillings or dental work you don't like looking at? Yes No If yes, explain

What would you like to change the most in the appearance of your teeth?

How would you like your teeth to look?



STAINED AND CHIPPED



SPACES



CALCIFICATION STAINS



FANGED TEETH



STAINED AND CROOKED TEETH



PORCELAIN CROWNS



BEAUTIFUL SMILE

If you are not happy with the appearance of your teeth, ask Dr. Rubin how he can improve your smile.