



BRUCE SEXTON, DDS

Smile Evaluation

1. Do you like the way your teeth look? Yes _____ No _____
Explain:

2. Do you like the shape of your teeth? Yes _____ No _____
Explain:

3. Are you interested in having “whiter” teeth? Yes _____ No _____

4. Would you like any spaces in your teeth closed? Yes _____ No _____
Explain:

5. Would you like your teeth to be longer? Yes _____ No _____
If so, Upper _____ Lower _____ Both _____

6. Would you like your teeth to be straighter? Yes _____ No _____
Explain:

7. Do you have missing teeth you would like to have replaced? Yes _____ No _____
Explain:

8. Are there any stains on your teeth that bother you? Yes _____ No _____
Explain:

9. Do you have old silver fillings you would like to have replaced with tooth colored fillings? Yes _____ No _____
Explain:

10. Have you ever worn a full or partial denture? Yes _____ No _____

11. Are you happy with the fit/comfort of your removable appliance? Yes _____ No _____

12. If you could change one thing about your smile or your teeth, what would it be?