

SMILE ANALYSIS

Please look into a mirror and evaluate the following:

Number

How many teeth are visible in a full smile (circle correct number)? 2 4 6 8 10 12

Color

	<u>yes</u>	<u>no</u>	<u>unsure</u>		<u>yes</u>	<u>no</u>	<u>unsure</u>
Are your teeth:							
too yellow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too brown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too uneven in color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too spotted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too discolored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do your teeth have unattractive fillings or restorations?

Position

	<u>yes</u>	<u>no</u>	<u>unsure</u>			
Are your teeth too crowded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Do your teeth have spaces between them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
If your teeth have spaces between them						
how many spaces (circle correct number)?	1	2	3	4	5	6

Size

	<u>yes</u>	<u>no</u>	<u>unsure</u>		<u>yes</u>	<u>no</u>	<u>unsure</u>
Are your teeth:							
too long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too short?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too narrow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too large?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too small?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are your two upper center front teeth the same length or shorter than the two neighboring teeth?

Shape

	<u>yes</u>	<u>no</u>	<u>unsure</u>				
Are your teeth unattractively shaped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Are your teeth:	<u>yes</u>	<u>no</u>	<u>unsure</u>				
too square?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	too rounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too irregular in shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Gums

	<u>yes</u>	<u>no</u>	<u>unsure</u>
Do you show too much gum tissue (gummy smile)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your gums red and/or swollen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the shape of the gums surrounding the teeth appear unattractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list anything else about your smile that you wish to discuss:

Signature: _____

Date: _____