



Your Confidential Smile Analysis

Do you like your smile? _____

Do you like the appearance of your teeth? _____

Do you have spaces between your teeth that you don't like? _____

Do you like the color of your teeth? _____

Do you like the size & shape of your teeth? _____

Are your teeth chipped? _____

Do you snore? _____

Are your teeth sensitive to hot and/or cold? _____

Do you clench or grind your teeth? _____

Do you have fillings or dental work that you don't like looking at?

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

What would you like to change about your smile?

Thank you for the opportunity to serve your needs. Our elite dental team works hard everyday in support of our vision:

"To provide our clientele with the highest level of artistic and function smile enhancement –a confident, beautiful smile can set your sprit free"