



PATIENT SMILE ASSESSMENT

HOW DID YOU HEAR ABOUT OUR PRACTICE?

- ADVERTISEMENT MAILER
- ROLESVILLE BUZZ
- INTERNET
- REFERRAL
- YELLOW PAGES

OTHERS: _____



- | | <u>YES</u> | <u>NO</u> |
|---|-----------------------|-----------------------|
| DO YOU LIKE TO SMILE WIDE ENOUGH TO SHOW YOUR TEETH? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU HAPPY WITH THE WAY YOUR TEETH LOOK? | <input type="radio"/> | <input type="radio"/> |
| DO YOU LIKE THE LOOK OF YOUR CROWNS AND FILLINGS? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU SATISFIED WITH THE WHITENESS OF YOUR TEETH? | <input type="radio"/> | <input type="radio"/> |
| ARE YOUR TEETH TOO LONG? TOO SHORT? | <input type="radio"/> | <input type="radio"/> |
| DO YOU BRUSH YOUR TEETH VERY HARD? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU MISSING TEETH? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU INTERESTED IN IMPROVING THE APPEARANCE OF YOUR TEETH? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU FAMILIAR WITH THE BENEFITS OF IMPLANTS? | <input type="radio"/> | <input type="radio"/> |
| DO YOUR TEETH OR GUMS HURT? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU ANXIOUS OR FEARFUL OF TREATMENT? | <input type="radio"/> | <input type="radio"/> |
| ARE YOU INTERESTED IN ESTHETIC (COMSMETIC) DENTISTRY? | <input type="radio"/> | <input type="radio"/> |
| WOULD YOU LIKE TO LEARN ABOUT MODERN COSMETIC PROCEDURES? | <input type="radio"/> | <input type="radio"/> |

IF YOU COULD CHANGE SOMETHING ABOUT YOUR SMILE, WHAT WOULD IT BE?
