

CURTIS W. SANDAHL D.D.S.

With the recent advancements in materials and techniques, many of our patients are asking more questions about cosmetic dental procedures. In order to better serve you, please take a moment and let us know how you feel about the appearance of your smile.

Name _____ Date _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| <i>Do you like the appearance of your teeth?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Are your teeth as straight as you would like them to be?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you think you have a "gummy" smile?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Are you happy with the length, width, and shape of your teeth?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have any chipped teeth?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have any missing teeth?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have any spaces between your teeth?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Would you like for you teeth to be whiter?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have any dental work that you don't like?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes please explain _____</i> | | |
| <i>Do you have any silver fillings that you would like changed to white?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Has anyone you've known had any cosmetic dentistry done that interest you?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Do you have any crowns with dark margins that you don't like?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If you could change anything about the appearance of your teeth, what would it be?

From the above questions, what interests you the most? _____

