

# smile check



**smileessential**

creating confidence

We want to meet your needs and can help with all the following issues.

Please ✓ any that concern you and hand this form to a member of the team.

- I am self-conscious about my teeth when I smile.
- My teeth are not as bright and white as I would like them to be.
- I am unhappy about the colour of my crowns or fillings.
- Some of my teeth are dark, chipped or misshapen.
- I have some missing teeth which affect my smile.
- My gums bleed when I brush my teeth and I get a bad taste in my mouth.
- My teeth are sensitive.
- My dentures feel uncomfortable.
- I am worried about the cost of treatment and how to pay for it.

On a scale of 1-10 (10 being best), I would rate my smile \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_