



Goodday Dental LLC

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SMILE ANALYSIS

Do you feel uncomfortable or self-conscious about your smile? Yes/ No

Do you cover your mouth when you talk or smile? Yes/ No

Are your teeth in alignment (straight)? Yes/ No

Do you wish your teeth were whiter? Yes/ No

Do you like the shape of your teeth? Yes/ No

Are your teeth chipped? Yes/ No

Can you see dark restorations in your teeth that bother you? Yes/ No

Are there old crowns, bridges or fillings you don't like? Yes/ No

Have you ever been concerned about an odor? Yes/ No

What would you like your smile to look like? Yes/ No
