smile analysis



experience excellence

We want to meet your needs and can help you with all the following issues. Please \checkmark 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 chipped or misshapen.
I am concerned about bad breath.
My teeth are sensitive.
I have gaps that show.
My gums bleed when I brush my teeth.
I am unhappy with my facial appearance and would like advice.
I am worried about the cost of treatment and how to pay.
Name