



## Tell Us About Your Smile

What do you love about your smile?

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If you could change something about your smile, what would it be?

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Are you happy with the color of your teeth?

Yes     No

If no, please explain \_\_\_\_\_

Are you happy with the shape of your teeth?

Yes     No

If no, please explain \_\_\_\_\_

Are you happy with the alignment of your teeth?

Yes     No

If no, please explain \_\_\_\_\_

How can we help you be more confident in your smile?

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