

## **Smile Evaluation Form**

Are you happy with the appearance of your teeth/gums/smile?	Yes	No
Would you like to discuss enhancing the appearance of your smile?	Yes	No
What don't you like about your smile?		
Would you like to discuss how to make your teeth WHITE?	Yes	No

## What Do You Value Most?

**Cosmetic** – You value the appearance of your smile the most.

**Function** – You want your teeth to function properly.

**Comfort** – You prefer to be comfortable, and nothing to be bothering you.

**Longevity** – You prefer the work that is done to you to last as long as possible.