



hoffman & arthur

dds • pa

SMILE EVALUATION

1. Do you like the way your teeth look? YES NO

2. Are you happy with the color of your teeth? YES NO

3. Would you like your teeth to be whiter? YES NO

4. Would you like your teeth to be straighter? YES NO

5. Are there any spaces between your teeth you would like closed? YES NO

6. Would you like any of your teeth to be longer? YES NO

7. Do you like the shape of your teeth? YES NO

8. Do you have any missing teeth you would like to replace? YES NO

9. Would you like silver fillings replaced with white fillings? YES NO

10. If you could change anything about your smile, what would it be?

Thank you for taking the time to complete this quick evaluation. If you have questions about any dental product or treatment, please do not hesitate to ask us. We are here to help!