

**WHAT ASPECTS OF YOUR SMILE WOULD YOU LIKE TO IMPROVE**

**OR WHAT DON'T YOU LIKE ABOUT YOUR SMILE?**

Crowded or Crooked Teeth

Gummy Smile

Spaces Between Teeth

Bad Breath

Tooth Shape or Size

Underbite

Tooth Shade or Dark Teeth

Overbite

Old, Black, Mercury Fillings

Speech Problems

Ugly Mismatched Crowns

Facial Profile

Worn or Chipped Teeth

Stained Partials or Dentures

Missing Teeth

Other \_\_\_\_\_

Red, Puffy Gums

\_\_\_\_\_

**I would like more information about:**

Adult Short Term Orthodontics Treatment (3-9 months)

(Six Month Smiles, MTM, Invisalign)

Teeth Whitening

Cosmetic Dentistry

Chewing Better

Looking Younger

Other \_\_\_\_\_

Current Shade    Uppers \_\_\_\_                  Lovers \_\_\_\_

