

Family & Implant Dentistry of Stuart

Dr. Daniel Casel DMD, Dr. Patrick Williams DMD, Dr. Richard Lisi DMD

2385 SE Federal Hwy. Stuart, FL 34994

P: 772-286-3088 F: 772-287-5993

Familydentistrystuart@gmail.com

Smile Evaluation Form

NAME: _____ **DATE:** _____

To aid in our diagnosis and treatment of your esthetic concerns, please take a moment and answer the following questions:

- Are you happy with the color of your teeth? YES NO
- Do you have spaces between your teeth that you do not like? YES NO
- Do you have chips or uneven edges on your teeth? YES NO
- Do you feel that your teeth are too long or too short? YES NO
- Do you have dark fillings that show when you smile? YES NO
- Do your gums show too much when you smile? YES NO
- Are your teeth crowded or crooked? YES NO
- Do you have existing dental work you consider "ugly"? YES NO
- Are you self-conscious of your teeth and/or smile? YES NO
- Do you avoid smiling when you have your picture taken? YES NO
- Would you like to improve your existing smile? YES NO

Place a checkmark next to any concerns you may have regarding dental treatment:

_____ Fear of treatment

_____ Time of treatment concerns

_____ Financial concerns

_____ Distance to office

_____ Not understanding treatment

_____ Embarrassment

_____ Other: _____