

SMILE ANALYSIS

1. On a scale of 1 (least) to 10 (most), please mark:

How much do you like your smile?

1 2 3 4 5 6 7 8 9 10

How much do you like the color of your teeth?

1 2 3 4 5 6 7 8 9 10

How much do you like the position of your teeth?

1 2 3 4 5 6 7 8 9 10

2. What would you like to change about your smile?

Notes:

Midline: Upper Lower

Spaces:

Crowding:

Crossbite:

Treatment Plan Recommendation: