



SMILE ANALYSIS

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

What would you like to change about your smile:

Notes:

Midline Upper

Midline lower

Spaces Upper

Spaces Lower

Crowding Upper

Crowding Lower

Crossbite

Treatment Plan Recommendations:

Response Date: _____