

**THE DENTAL DESIGN CENTER
280 DOBBS FERRY ROAD
SUITE 104
WHITE PLAINS, NEW YORK 10607**

SMILE ANALYSIS

Please take a few minutes to answer the following questions. Your answers will allow us to assist you in recommending any and all available treatment options to give you the smile you deserve and desire.

** If you answer no to any of the questions, please feel free to explain.

- 1) Are you generally happy with your teeth and smile? YES NO
- 2) Are your teeth as straight as you think they should be? YES NO
- 3) Are there gaps between your teeth you don't like? YES NO
- 4) Are your teeth as white as you think they should be? YES NO
- 5) Do you like the shape of your teeth? YES NO
- 6) Are you aware of any teeth that are broken or chipped that require fixing?
 YES NO

7) Please add any additional comments or questions you would like to address with the doctor.

Thank you.

_____ Signature