

# Smile Analysis Quiz

Yes No

- Are you unhappy with the appearance of your teeth?
- Do you wish your teeth were **straighter**?
- Do you think you have a “**gummy**” smile?
- Do you have any **chipped teeth**?
- Do you have any **missing teeth**?
- Do you have any **spaces between your teeth**?
- Do you have any **discoloration, stains, or spots** on your teeth?
- Is it **difficult to chew** a bagel or other foods?
- Do you only **chew on one side**?
- Would you like your teeth to be **whiter**?
- Do you have any dental work that you do not like?
- Do you have any **old fillings** that you would like changed to white?
- Do your front teeth have any **visible fillings and/or crowns**?
- Are you unhappy with the length, width, and shape of your teeth?
- Do you know anyone that had cosmetic dentistry that interests you?

From the above questions, which concerns you the most?

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If you could change anything about the appearance of your teeth, what would it be?

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**Please print your smile analysis and we will do a FREE consultation!**

**Call Now (407) 857-0950** to find out what we can do to help you **boost your confidence** and get your dream smile.