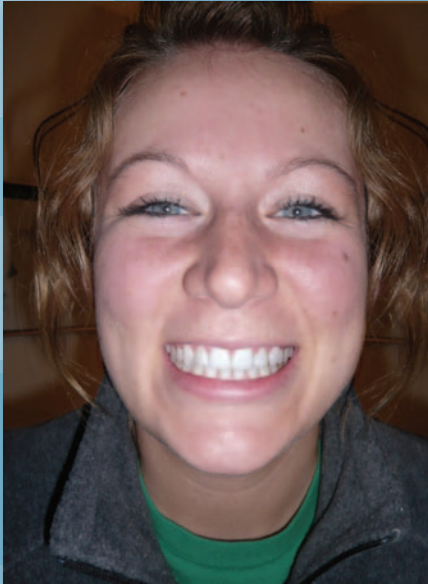


Do you like your smile?



**Give yourself
a Personal Smile
Evaluation**

Your Personal **Smile** Evaluation

Answer the questions below to decide how you feel about your smile.

Name _____

1. Shade or Color of Teeth

1 2 3 4 5
not happy happy very happy

2. Size or Length of Teeth

1 2 3 4 5
not happy happy very happy

3. Smile Shows too Much of Gums

1 2 3 4 5
not happy happy very happy

4. Chipped, Cracked or Missing Teeth

1 2 3 4 5
not happy happy very happy

5. Teeth that Overlap or are Crooked

1 2 3 4 5
not happy happy very happy

Total Score ___ ÷ 5 ___ = Smile Evaluation Rating ___

If your average rating was between one and three, and you want an idea of *how you could look*, we can show you with a digital simulation. Talk to your dental professional today about possible cosmetic dental options that are right for you.

*Consider your options and...
like your smile.*

Image
Dental Arts

The art of perfection.

1-866-496-1160