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Smile and Gums Analysis

Name: _____ Date: _____

Do you like the appearance of your teeth and smile? *Yes* *No*

If not, please explain: _____

Are your teeth in alignment (straight)? *Yes* *No*

If not, please explain: _____

Do you have spaces that you don't like? *Yes* *No*

If yes, please explain: _____

If you could safely and easily whiten your teeth, would you be interested? *Yes* *No*

If you could wave a magic wand, what would you like to change about your smile? _____

Are your teeth: Chipped Protruding Sensitive Stained Worn

Do your gums look healthy? *Yes* *No*

If not, please explain: _____

Is your smile important to you when you meet people or in your career? *Yes* *No*

What would you like your teeth to look like in 5 to 10 years? _____

Do you have any other concerns about your teeth? *Yes* *No*

If yes, please explain: _____

Your answers will help US achieve YOUR goals! We are in the SMILE making business. We want to do everything possible to make your smile more beautiful than it already is!

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Don't wait until it hurts!

Name: _____ Date: _____

Periodontal disease, or gum disease, is painless. It affects 87% of the population, but most of those people are unaware of the problem. There are warning signs and we want you to be aware of them.

1. Do your gums bleed when you brush your teeth, floss, or use a toothpick? *Yes* *No*
2. Are your gums red, swollen or tender? *Yes* *No*
3. Are your gums pulling away from your teeth? *Yes* *No*
4. Do you see blood or pus between your teeth and gums when the gums are pressed or brushed? *Yes* *No*
5. Are your permanent teeth loose or spreading apart? *Yes* *No*
6. Is there any change in the way your teeth fit together when you bite? *Yes* *No*
7. Do you have chronic bad breath? *Yes* *No*

If the answer to any of these questions is "yes," you owe it to yourself to tell your dentist or hygienist. It could mean you have gum disease. Don't wait until it is too late!