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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!