

Smile Questionnaire

Please tick the relevant boxes and bring it with you on your first appointment.

	Y	N
Would you like whiter brighter teeth?		
Do you suffer with sensitive teeth?		
Do you have any teeth that are badly shaped, or you feel are unsightly?		
Would you like straighter teeth?		
Do you have crowns that are the wrong colour, or have dark lines at the gums?		
Would you like new crowns prepared and fitted in the same visit with no impressions?		
Do you have old or stained teeth that show when you smile?		
Do you have any missing teeth that you would like replaced?		
Does dental treatment make you nervous?		
Does your denture fit well and feel comfortable?		
Are your teeth stained or do you have red and swollen gums?		
Do your gums bleed when you brush them?		
Do you get a bad taste in your mouth?		
Do you get bad breath and does it concern you?		
Do you play a contact sport with a properly fitted sports gum shield?		
Is there anything else that you do not like about your teeth?		
Would you be more interested in improving your smile with either 0% finance or low interest finance? Conditions apply.		