

SMILE ANALYSIS

Name: _____ Age: _____ Date: _____

Looking into a full face, close-up mirror, analyze your smile in two phases—slight smile and full smile.

I TEETH

YES NO

- | | | |
|--|-----|-----|
| 1. Are the upper six front teeth even in length?..... | ___ | ___ |
| 2. Are the front teeth straight (versus being crooked, overlapped, or protruding)? | ___ | ___ |
| 3. Smiling more, are the teeth of one color?..... | ___ | ___ |
| 4. If the front teeth contain fillings, are they matched with the other teeth so they are unnoticed?..... | ___ | ___ |
| 5. Are the lower six front teeth straight?..... | ___ | ___ |
| 6. Are they even in appearance?..... | ___ | ___ |
| 7. In a full smile normally the back teeth show. Are these free of stains and discolorations from unsightly restorations?..... | ___ | ___ |
| 8. Do your teeth appear to be dark or yellow?..... | ___ | ___ |
| 9. Do they contain stains? (White or brown)..... | ___ | ___ |
| 10. Do the necks of the teeth have erosion (a ditched-in "V" appearance that can be seen or felt with a fingernail)?..... | ___ | ___ |
| 11. In a full smile does the top lip rise above the necks of the teeth so that the gums show?..... | ___ | ___ |
| 12. Do you like your smile?..... | ___ | ___ |
| 13. Do you feel comfortable about showing your teeth when you smile?..... | ___ | ___ |
| 14. Do you see a need to improve the appearance of you smile via bleaching, bonding or cosmetic dentistry?..... | ___ | ___ |

II GUMS

- | | | |
|---|-----|-----|
| 15. Have the gums receded from the necks of the teeth?..... | ___ | ___ |
| 16. Are the gums pink and "knife-edged"?..... | ___ | ___ |

III BREATH

- | | | |
|---|-----|-----|
| 17. Is your breath always pleasant? (controlled)..... | ___ | ___ |
| 18. Is your mouth free of decay or gum disease that causes bad breath?..... | ___ | ___ |

Clinical evaluation and recommendations:

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