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Rivertown Dental Associates

Smile Analysis

Check all that apply:

- ☐ I don't like the color of my teeth
- ☐ My teeth look worn down
- ☐ My teeth are chipped or cracked
- ☐ My teeth are crowded and not straight
- ☐ I feel like I have a "gummy" smile
- ☐ My teeth look too short
- ☐ My teeth look too long
- ☐ I have dark or silver fillings that I'd like replaced
- ☐ I have crowns with dark lines at the gum line
- ☐ I have a dark tooth/teeth from an injury
- ☐ I have tried over-the-counter whitening gel
- ☐ I like the results of my whitened teeth
- ☐ I use whitening toothpaste and/or mouthwash
- ☐ I am a smoker
- ☐ I drink _____ cups of coffee per day
- ☐ I drink _____ cups of tea per day

Please list any other questions or concerns you have that would assist us in understanding the goals you have for your teeth and smile: