

Lifetime Dental Health

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SMILE ANALYSIS

Name _____ **Shade** _____ **DATE** _____

When I see a picture of myself, the first thing I notice about my smile is: _____

Something I often notice about other smiles I consider attractive is: _____

PLEASE MARK AN "X" BY THE STATEMENTS BELOW THAT YOU AGREE WITH.

___ I wish the color of my teeth were whiter.

___ I wish I had a broader smile.

___ I think some of my teeth are too small.

___ I think some of my teeth are too large.

___ I wish my teeth were straighter.

___ I think my gums show too much when I smile.

___ I think my smile shows too much space between some of my teeth.

___ Because I am not totally pleased with my smile, I sometimes hesitate to smile.

___ I have often wished I could change some of the features of my smile.

___ I feel as though I don't really know all of the options available for enhancing my smile.

___ Concerns over what the end result might look like, have been a factor in my not having cosmetic dentistry in my own mouth.

___ Concerns over fees have prevented me from taking advantage of some of the available options to enhance my smile.

___ I feel as though I could do a better job protecting the health of my teeth and gums, and therefore, the longevity of my own smile.

* How do you rate your smile on a scale of 1-10, with 10 being the best smile

* Rate how you would like your smile to be, on a scale of 1-10, with 10 being the best smile

* Is it time to talk to you about enhancing your smile. YES NO