

SMILE EVALUATION

At Ballard Dental Associates, we are committed to helping you discover and obtain the smile you have always wanted. Please take a moment to complete this questionnaire. This information helps us ensure we are serving you to the best of our ability.

1. *Are you happy with the way your teeth look when you smile?*

2. *Are you happy with the color of your teeth?*

3. *Do you have any spaces between your teeth that you are unhappy with?*

4. *Do you have any old fillings or treatment you are unhappy with?*

5. *Is there anything you would change about your smile? What would it be?*