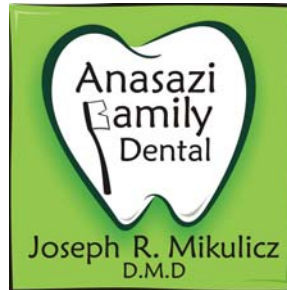


# Smile Assessment



I am concerned about the appearance of my teeth or my smile.	YES	NO
I have old fillings or previous dental treatment that is no longer satisfactory to me.	YES	NO
I have old crowns that show dark lines at the gums.	YES	NO
I have concerns about the position or angle of one or more of my teeth.	YES	NO
I am concerned about the shape of one or more of my teeth.	YES	NO
I am concerned with my crooked teeth or smile.	YES	NO
I have sensitive teeth.	YES	NO
I have missing teeth that I would like to replace.	YES	NO
I am concerned that I may have bad breath?	YES	NO
In social situations, are you sometimes embarrassed by your teeth or your smile?	YES	NO

On a scale or 1-10 (10 being the best) how would you rate your smile?

Bad 1      2      3      4      5      6      7      8      9      10 Great

Thanks for your time.

Dr. Joseph Mikulicz, DMD  
And Staff  
Anasazi Family Dental