

prosthodonticsofmadison

Smile Assessment Form

Please consider each statement carefully and check YES or NO. Prosthodontics of Madison

Patient Name: _____

Yes No

- I am comfortable showing your teeth when I smile.
- Overall, I am happy with the appearance of my teeth.
- Overall, I am happy with the appearance of my crowns or fillings.
- I have one or more concerns about my teeth.
- I am currently experiencing pain or discomfort with one or more teeth.
- I am happy with the shape of my teeth.
- I am concerned about the angle or position of my teeth.
- I am missing one or more teeth.
- I am interested in improving the appearance of my teeth.
- I am interested in replacing my missing teeth.
- I have had "perio" or gum treatment in the past.
- I am anxious or fearful of dental treatment.
- In social situations, I am embarrassed by my teeth or smile.

Please use the space below to indicate any other problems, questions, or concerns. We will make every effort to listen attentively so that we can present you with the best possible treatment options.
