

Kenyon Hill, DDS
2504 Ridge Rd.
Suite 207
Rockwall, Texas 75087
khtoothpix@sbcglobal.net
972-771-9196

Smile Evaluation

Name _____ Date _____

1. Do you like the way your teeth look? Yes ____ No ____

If no, explain... _____

2. Are you happy with the color of your teeth? Yes ____ No ____

3. Would you like for your teeth to be whiter? Yes ____ No ____

4. Would you like your teeth to be straighter? Yes ____ No ____

5. Do you have spaces between your teeth that you would like closed? Yes ____ No ____
If yes, where? _____

6. Would you like your teeth to be longer? Yes ____ No ____
If yes, Upper _____, Lower _____, Both _____?

7. Do you like the shape of your teeth? Yes ____ No ____
If no, explain... _____

8. Do you have missing teeth that you would like replace? Yes ____ No ____
If yes, explain... _____

9. Do you have old silver fillings that you would like to replace with tooth colored fillings? Yes ____ No ____
If yes, explain... _____

10. If you could change anything about your smile, what would you change?
