

# Harmony Dental Arts Smile Evaluation

A simple quiz to help you obtain the smile you always dreamed of!

1. Do you like the appearance of your smile?

If not, explain: \_\_\_\_\_

2. Are your teeth all in alignment? (Straight)

If not, explain: \_\_\_\_\_

3. Do you have any spaces that you do not like?

If yes, explain: \_\_\_\_\_

4. DO you like the color of your teeth?

If not, explain: \_\_\_\_\_

5. Do you like the shape of your teeth?

If not, explain: \_\_\_\_\_

6. Are your teeth:

Chipped ?LYes ?LNo Protruding ?LYes ?LNo Hidden ?LYes ?LNo

If yes, explain: \_\_\_\_\_

7. Are your teeth wearing on the biting surface?

If yes, explain: \_\_\_\_\_

8. Are there old fillings or dental work you don't like?

If yes, explain: \_\_\_\_\_

9. What would you like to change the most in the appearance of your teeth?

\_\_\_\_\_  
\_\_\_\_\_

10. How would you like your teeth to look?

\_\_\_\_\_  
\_\_\_\_\_

