

# Smile analysis

Please complete and give to your dentist

Do you wish some aspects of your smile could be improved? This questionnaire will help identify any areas of your smile that could be enhanced.

**Patient name:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • My teeth are not as white or bright as I'd like  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like to improve my chipped or misshapen teeth                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like my fillings to better match my natural teeth                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like to replace the teeth where I have gaps  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I would like straighter teeth  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I wish my gums didn't bleed when I brush and floss                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like to be more confident that my breath is fresh                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like my teeth to be less sensitive   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I worry that my teeth are worn down and/or keep breaking                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I clench or grind my teeth and get headaches   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like dentures that look and feel more natural                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • I'd like to find out about facial rejuvenation/wrinkle reduction (Botox® / Restylane®) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • If I could alter my smile, I would most like to change                                 |                              |                             |

# Dental wishes

- **Discoloured or dark teeth.** Using our professional tooth whitening treatments you can achieve a brighter, whiter smile.
- **Grey metal fillings.** These can easily be replaced with attractive tooth coloured fillings, inlays and onlays.
- **Chipped, misshapen or damaged teeth** can be disguised to blend in with your other teeth using porcelain veneers and crowns or composite bonding.
- **Mis-aligned or uneven teeth** can be straightened with virtually invisible, removable aligners or with conventional braces.
- **Missing teeth** can be replaced with fixed, natural looking dental implants or bridges, eliminating the need to wear a denture.
- **Uncomfortable or unrealistic dentures.** Modern materials and techniques can provide you with new teeth that look and feel more natural.
- **Bleeding gums,** bad breath, stained teeth. With daily home care routines and regular hygienist visits, you can put an end to dental worries.
- **Tooth grinding and jaw clenching.** These habits may lead to regular headaches, migraines and other pains, as well as tooth damage. Customised splints can be made to cover and protect your teeth.
- **Sensitive teeth.** Teeth can be sensitive to cold or heat, and this condition can arise at anytime. We would like to find out why so we can prevent further sensitivity.
- **Dental anxiety.** Gentle modern care and a sympathetic approach will help you to overcome your worries and be able to smile with confidence.
- **Facial wrinkles and lines.** A younger and more attractive you can easily be achieved with Botox® or dermal fillers.