



# Orpington Dental Care

## Smile check

Please fill in the questionnaire below so we can understand what you like about your smile and whether you feel it could be improved. This will help us to discuss your options with you.

Are you happy with the colour of your teeth?

If no, please give details: .....

Do you have a space between your front teeth?

If yes, please give details: .....

Do your front teeth protrude or stick out?

If yes, please give details: .....

Are your front teeth crowded or overlapping?

If yes, please give details: .....

Are your teeth all one colour?

If no, please give details: .....

Do you cover your mouth when you smile, or make sure it is closed when you are having your photograph taken?

If yes, please give details: .....

Do your teeth have white or brown stains?

If yes, please give details: .....

If your front teeth contain tooth-coloured fillings, do they match the shade of your teeth?

If no, please give details: .....

Are your back teeth free of stains and discolouration from unsightly restorations?

If yes, please give details: .....

Do your restorations (fillings, veneers and crowns) look natural?

If no, please give details: .....

Is your mouth free from tooth decay or gum disease that can cause bad breath?

If no, please give details: .....

Are your gums pink and “knife-edged” or are they red and swollen?

Please give details: .....

Does anything concern you about your dental health at the moment?

Please give details: .....

On a scale of 1-10 how happy are you with your smile?

0 = very unhappy 10 = very happy

1 2 3 4 5 6 7 8 9 10

Please give details: .....

If you could alter your smile, what would you most like to change?

Please give details: .....

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How did you hear about us?

Please give details: .....

If you are unsure of any of the questions, please ask reception, who will be happy to help.

Signature of patient: .....

Dentist: .....

Date: .....