

To help us determine how you feel about your smile, take a moment to answer the following questions. Take your time, and answer each question as clearly and accurately as you can. This will assist us in determining the type of treatment most suited to your needs.

1. Are you pleased with the general *appearance* of your teeth and smile?

Yes No

If not, explain _____

2. Are your teeth straight?

Yes No

If not, explain _____

3. Are there *spaces* between your front teeth that you dislike?

Yes No

If yes, describe _____

4. Are you satisfied with the *color* of your teeth?

Yes No

If not, explain _____

5. Are you interested in whitening your teeth?

Yes No

6. Are you satisfied with the *shape* of your teeth?

Yes No

7. Are any of your teeth

- Chipped?
- Protruding?
- Hidden?

If so, describe _____

8. Are you satisfied with the way your teeth come together?

Yes No

If not, explain _____

9. Do you have old fillings or dental work that makes you less confident about your smile and/or appearance?

Yes No

If yes, explain _____

10. Do you clench or grind your teeth?

Yes No

11. Are you interested in information about halitosis or bad breath?

Yes No

12. When you smile do you feel that you show too much of your gum?

Yes No

13. What would you most like to change about the *appearance* of your teeth?

14. How would you like your teeth to look to maximize your smile?



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