

## A healthy, beautiful and unique smile is a personal trademark.

Our goal is to create the smile of your dreams and part of this process includes finding out what you think about your present smile. We would also like to know what attributes you admire about other people's smiles and what you have already done to improve your own. So take a few moments to tell us about yourself. Every little detail is important to us.

Which best suits your personality?	Tell us about your back teeth.
☐ A natural, white, healthy-looking smile	Are they sensitive to hot or cold foods?
☐ The media's image of a Hollywood-white, flashy smile	☐ Yes ☐ No
Which best describes your skin tone?	Do they trap food when you eat?
☐ Pink/fair ☐ Yellow/fair to medium	☐ Yes ☐ No
□ Olive/medium □ Brown/dark	Is there anything about them you would change?
Which best describes the shape of your face?	
□ Oval □ Rectangular	
□ Square □ Heart	
☐ Triangular ☐ Diamond	
If you could change one thing about your smile,	Tell us about your breath.
what would it be?	Are you interested in avoiding bad breath?
	☐ Yes ☐ No
What else would you like us to help you with?	Do you have bad breath?
(Please list in the order or importance to you.)	☐ Yes ☐ No
	Tell us about your gums.
	Do they ever bleed?
I think my teeth are	☐ Yes ☐ No
☐ Too short ☐ Too long ☐ Just right	Are you seeing a periodontist?
	□ Yes □ No
Tell us about your front teeth.	If yes, who?
Are you happy with their color?	Are your gums sensitive?
☐ Yes ☐ No	☐ Yes ☐ No
Are they crowded or crooked?	
□ Yes □ No	Is there anything about them you would change?
Are braces an option?	
Yes No	
Average the many width the in a year II ammagraph as 2	
Are you happy with their overall appearance?  ☐ Yes ☐ No	
	Tell us about any missing teeth.
Is there anything about them you would change?	
	Do you have any missing teeth? ☐ Yes ☐ No
	□ 1e2 □ 1V0
	Are you wearing a replacement? *If yes, how long have you had i  ☐ Yes ☐ No *



Is your denture or partial comfortable?  ☐ Yes ☐ No	List the celebrity smiles you like.
Is there anything you would change?	
How white are your teeth?	
If there is a simple and inexpensive way to whiten your teeth, would you be interested?  ☐ Yes ☐ No	Tell us any other information that describes your personalit and what you consider an ideal smile.
Have your teeth ever been whitened?  ☐ Yes ☐ No	
Using what procedure?  ☐ Over-the-counter products ☐ Dentist-prescribed trays and whitening gels ☐ In-office whitening procedure	
How would you rate the results?  ☐ Good ☐ Fair ☐ Poor ☐ There was no visible change	
I drink coffee, tea or red wine.  ☐ Yes ☐ No	
I smoke or chew tobacco.  ☐ Yes ☐ No	
	nowledge. I understand that it will be held in the strictest confirove communication between Dr. Ratcliff, his staff and me. I also
Patient's name	Patient's signature
Date	