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## SMILE EVALUATION FORM

Your smile affects your self-image, and can greatly influence the quality of your interactions with others. Many people hold back from laughing or smiling because they are uncomfortable with their smile. The following questions are designed to honestly appraise your smile.

Go to a mirror, smile as wide as you can, and ask yourself the following questions:

- Are any of your teeth yellow, stained or somewhat discolored?  Yes  No
- Would you like your teeth to be whiter?  Yes  No
- Do you have any gaps or spaces between your teeth?  Yes  No
- Are any of your teeth turned, crooked, or uneven?  Yes  No
- Are you missing any teeth?  Yes  No
- Are there any foods you are unable to eat comfortably?  Yes  No
- Do you see any pitting or defects on the surfaces of your teeth?  Yes  No
- Are the edges of any teeth worn down, chipped or uneven?  Yes  No
- Do any of your teeth appear too small, short, large or long?  Yes  No
- Do you have any prior dental work that appears unnatural?  Yes  No
- Do you have any crowns or bridges that appear dark at the edge of your gums?  Yes  No
- Do you have any gray, black or silver mercury fillings in your teeth?  Yes  No
- Do you have a “gummy” smile (too much of your gums show when smiling)?  Yes  No
- Are your gums red, sore, puffy, bleeding or receded?  Yes  No
- Does the appearance of your smile inhibit you from laughing or smiling?  Yes  No
- When being photographed, do you smile with your lips closed instead of dashing a full smile?  Yes  No
- Are you self-conscious about your teeth or smile?  Yes  No

If you have checked “Yes” to one or more of the above questions contact our office for a consultation about cosmetic dental treatment. Change your smile, change your life!

Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_