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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 ____/____/____