

The Smile Assessment

Name: _____ Date: _____

Thank you for choosing Serene Dental Care as your new Dentist for any Dental needs you may have. Here at our office, it is our mission to ensure that every patient's road to that perfect smile is taken by providing a serene and relaxing environment while also treating each patient with the utmost respect and compassion. Our focus is to provide the highest level of personalized quality care with a gentle touch one patient at a time. Please answer the questions below as it will be an aid for us to better understand what you, as our patient, want when visiting our office.

1. When looking at your teeth, what are your main concerns? What are you unhappy with?

2. Would you like your teeth to be whiter?

Yes

No

3. Would you like your teeth to be straighter?

Yes

No

4. Would you like to replace all your old silver (Amalgam) fillings for the white ones (Composite)?

Yes

No

5. Would you like Veneers?

Yes

No

Thank you and we look forward to working with you in accomplishing the perfect smile you've always dreamed of. If you have any questions, please feel free to ask us.