

## How Do You Rate Your Smile:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I would like to have a nicer smile.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | My teeth are stained or discolored.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have dark and unsightly fillings.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | My teeth are crowded and crooked.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | My gums are red, swollen, receding and/or bleeding. |
| <input type="checkbox"/> | <input type="checkbox"/> | I don't like the spaces between my teeth.           |
| <input type="checkbox"/> | <input type="checkbox"/> | I have old unsightly crowns with black lines.       |
| <input type="checkbox"/> | <input type="checkbox"/> | My teeth are chipped and worn with rough edges.     |
| <input type="checkbox"/> | <input type="checkbox"/> | I cover my mouth when I smile.                      |
| <input type="checkbox"/> | <input type="checkbox"/> | My teeth seem out of proportion.                    |

How did you rate? Is your smile all you want it to be? We will be happy to answer your questions and show you how easy it is to create a beautiful new smile.