

# Sabino Dental

1. Do you like the appearance of your teeth; your smile? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
2. Are your teeth all in alignment (straight)? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have spaces you don't like? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you like the color of your teeth? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you like the shape of your teeth? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
6. Are your teeth  
Chipped? \_\_\_\_\_ Protruding? \_\_\_\_\_ Hidden? \_\_\_\_\_  
\_\_\_\_\_
7. Are your teeth wearing on the biting surfaces? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
8. Are there old fillings or dental work you don't like looking at? Yes \_\_\_ No\_\_\_  
If not, explain  
\_\_\_\_\_  
\_\_\_\_\_
9. What would you like to change the most in the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_
10. How would you like your teeth to look?  
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\_\_\_\_\_