



**Princeton Center for Dental Aesthetics**  
**11 Chambers Street**  
**Princeton, NJ 08542**

### Smile Evaluation

Hold a mirror 12"-14" from your face. Smile to show your teeth. Take time to observe your teeth carefully. Then answer the following questions.

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 so 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. Do you like the way your teeth come together? Yes\_\_\_\_\_ No\_\_\_\_\_  
If not explain\_\_\_\_\_
8. Are there old restorations or dental work you don't like looking at? Yes\_\_\_ No\_\_\_\_\_  
If so explain\_\_\_\_\_
9. Would you like to change the appearance of your teeth?\_\_\_\_\_
10. How would you like your teeth to look?\_\_\_\_\_