



# Tri-Cities Center for Cosmetic Dentistry

KATHY S. SANDERS, DMD, AAACD

Patient Name \_\_\_\_\_

Date \_\_\_\_\_



Accredited Member  
American Academy  
of Cosmetic Dentistry

## Smile Analysis

Our practice is committed to excellence in appearance-related dentistry. In our efforts to construct for you the best smile design, *communication is the first and the most important step*. Please answer the following questions to help pinpoint areas of greatest concern.

Do you have concerns about? (Please check all that apply)

- \_\_\_\_\_ Gaps or Spaces between Teeth
- \_\_\_\_\_ Color of Teeth
- \_\_\_\_\_ Shape of Teeth or Size of Teeth
- \_\_\_\_\_ Show too much Gum
- \_\_\_\_\_ Inflamed or Bleeding Gums
- \_\_\_\_\_ Symmetry of Teeth
- \_\_\_\_\_ Position of Teeth (crooked or crowded)
- \_\_\_\_\_ Teeth Chipped or Broken
- \_\_\_\_\_ Discolored Restorations (i.e. existing crowns, fillings, bonding) \_\_\_ front teeth and/or \_\_\_ back teeth
- \_\_\_\_\_ Maintain Dental Health

**Office Use:** \_\_\_\_\_

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What do you like best about your smile? \_\_\_\_\_

What do you like least about your smile? \_\_\_\_\_

What are your goals for your mouth? \_\_\_\_\_

Describe any previous cosmetic treatment: \_\_\_\_\_