



**Tri-Cities Center for
Cosmetic Dentistry**
KATHY S. SANDERS, DMD, FAACD

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: _____

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: _____

