

# 22 Dental

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## SMILE QUESTIONNAIRE

Name:.....

1. Do you like the appearance of your teeth/smile? Yes..... No.....  
If not explain.
2. Are your teeth all in alignment {straight}? Yes..... No.....  
If not explain.
3. Do you have spaces that you don't like? Yes..... No.....  
If not explain.
4. Do you like the colour 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 any old fillings or dental work that you don't like looking at? Yes..... No.....  
If yes, 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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