

# Smile wish list

We would like you to experience the feeling of well-being that comes when you know your smile is at its most healthy and attractive. Please complete this form and hand it to a member of the team so we can help you achieve the smile you wish for.

- ☐ I feel self-conscious about my teeth when I smile.
- ☐ I wish my teeth were whiter and brighter.
- ☐ I wish my teeth were shaped differently.
- ☐ I don't like the colour of my old silver fillings.
- ☐ Some of my teeth are discoloured.
- ☐ I have crowns which don't match my natural teeth.
- ☐ I wish my teeth were straighter.
- ☐ My gums sometimes bleed when I brush them.
- ☐ I am not sure that my breath is fresh.

**If 1 = Unhappy and 10 = Very happy, how would you rate your current smile?**

1      2      3      4      5      6      7      8      9      10

**If I could alter my smile, I would most like to change:**

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**In terms of my dental health, I am most concerned about:**

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Name:..... Date: .....