

# CRESCENT LODGE DENTAL PRACTICE



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## smile assessment/dental menu

LET US HELP YOU TO IMPROVE YOUR MOUTH AND SMILE

Please tick the relevant boxes to help us know your current dental concerns

- Would you like your teeth to look whiter or brighter?
- Have you any teeth you think are unsightly, mis-shapen, out of line or too widely spaced?
- Do you have any old crowns that now do not match your other teeth or have dark lines at the gums?
- Do you have any old or stained fillings that show when you smile?
- Do you have any silver fillings that you would like replacing with tooth coloured mercury free restorations so that they blend in better?
- Do you have any missing teeth that you would like replacing to improve your smile and your bite?
- Do you have an old, worn denture, or a denture that looks false and feels false?
- Do you play contact sports without wearing a gum shield?
- Would you have a smile make-over - Botox / Fillers?

Do you smoke or chew tobacco?  Yes  No How often? For how long?

On a scale of 1-10, with 10 being the highest rating (please circle)

1. How important is your dental health to you? 1 2 3 4 5 6 7 8 9 10

1. How would you rate your current dental health? 1 2 3 4 5 6 7 8 9 10

What's most important about about your future smile and dental health?

What's the most important thing about your visit today?