

SMILE EVALUATION FORM

Please fill out completely and fax this form to 305-279-2649. Specify at bottom of this page when pictures will be emailed.

You may call and speak to one of our representatives at 1-305-279-1643, or toll free within the US, at 1-877- SMILE 1-2

- 1. How long have you disliked your smile?**
- 2. How do you like the color of your teeth?**
- 3. Do you have gaps that bother you?**
- 4. Are any of your teeth loose or sensitive?**
- 5. Have you ever been told you had gum disease?**
- 6. Do your gums ever bleed?**
- 7. Have you ever been in an accident or had trauma to the face?**

Please add any additional information that you feel may be important to facilitate your new smile.