

*Smile Survey*

In order to serve you better and to better understand your concerns, kindly answer the following few questions regarding your smile. Thank you.

How do you feel about your smile?

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Is there anything you might like to consider changing about your smile? In your words, with a magic wand, what would you change?

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Would you like to have whiter teeth? Would you like to have longer or shorter teeth? Would you like to have teeth that are not crowded or rotated?

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Do you have old crowns or filling that you think are unsightly? Do you have dark edges around a crown or filling?

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Would you like to learn more about how you can change your smile esthetics? YES NO

Are you familiar with 6 Month Smiles, Deep Bleaching, Porcelain Veneers and many of the more recent technological advances to help you achieve the smile you have always wanted? YES NO

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your Responses! Brooks Haney DDS***