



East Islip Dental Care
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Patient Smile Assessment

*Evaluate
your
Smile!*

*Call us
for a
smile
consult!*

Circle Answer

- | | | |
|--|-----|----|
| Do you like to smile wide enough to show your teeth? | Yes | No |
| Are you happy with the way your teeth look? | Yes | No |
| Do you like the look of your crowns and fillings? | Yes | No |
| Are you satisfied with the whiteness of your teeth? | Yes | No |
| Are your teeth too long? Too short? | Yes | No |
| Do you brush your teeth very hard? | Yes | No |
| Are you missing teeth? | Yes | No |
| Are you interested in improving the appearance of your teeth? | Yes | No |
| Are you familiar with the benefits of implants? | Yes | No |
| Do your teeth or gums hurt? | Yes | No |
| Are you anxious or fearful of treatment? | Yes | No |
| Are you interested in esthetic (cosmetic) dentistry? | Yes | No |
| Would you like to learn more about modern cosmetic procedures? | Yes | No |

If you could change something about your smile, what would it be?

Name _____ Date _____