

# Smile Menu

## Let us help you to improve your mouth and smile

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

	YES	NO
Are you happy with the appearance of your teeth/gums/smile?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been disappointed with the appearance of previous dental work?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to discuss enhancing the appearance of your smile?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to discuss how to make your teeth whiter?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth sensitive?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any teeth you think are unsightly, mis-shapen or out of line?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any old crowns that now do not match your other teeth or have dark lines at the gums?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any silver fillings that you would like replacing with tooth coloured mercury free restorations so that they blend in better?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any missing teeth that you would like replacing to improve your smile and your bite?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an old, worn denture, or an NHS denture that looks false and feels false?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth stained or your gums red and swollen?	<input type="checkbox"/>	<input type="checkbox"/>
Do your gums bleed when brushing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get a bad taste in your mouth or around some teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned that you may have bad breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you play contact sports without wearing a gum shield to protect your teeth, smile and your bite?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of clenching or grinding your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about laughter lines and wrinkles on your face?	<input type="checkbox"/>	<input type="checkbox"/>
What don't you like about your smile ?.....		
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Date..... Date..... Date..... Date..... Date.....

Signature..... Signature..... Signature..... Signature..... Signature.....