



Smile Wish List

We would like you to experience the feeling of well-being that comes when you know your smile is at its most healthy and attractive. Please complete this form and hand it to a member of the team so we can help you achieve the smile you wish for.

- I feel self conscious about my teeth when I smile.
- I wish my teeth were whiter and brighter.
- I wish my teeth were shaped differently.
- I don't like the colour of my old silver fillings.
- Some of my teeth are discoloured.
- I have crowns which don't match my natural teeth.
- I wish my teeth were straighter.
- My gums sometimes bleed when I brush them.
- I am not sure that my breath is fresh.

If 1=poor and 10=ideal, I would score my current smile:

1 2 3 4 5 6 7 8 9 10

If I could alter my smile, I would most like to change:

In terms of my dental health, I am most concerned about:

I have a Private Medical Scheme with:

Name

Date

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