

***Irwin C. Mishoulam, D.D.S.***  
**Optional Smile Evaluation**

Are you happy with the color of your teeth? Yes \_\_\_ No \_\_\_  
(Would you like them whiter?) Explain:

Would you like your teeth to be straighter? Yes \_\_\_ No \_\_\_  
Explain:

Do you have spaces between your teeth that you would like closed? Yes \_\_\_ No \_\_\_  
Explain:

Do you like the shape and or length of your teeth? Yes \_\_\_ No \_\_\_  
Explain:

Do you have missing teeth that you would like to replace? Yes \_\_\_ No \_\_\_

Are you aware of the consequences of not replacing missing teeth? Yes \_\_\_ No \_\_\_

Would you like to replace your old silver fillings with tooth-colored fillings? Yes \_\_\_ No \_\_\_

If you could change anything about your smile, what would you change?

Thank you for taking the time to complete this evaluation. If you choose, you may bring this with you to your first visit. Your answers may be helpful in starting a dialog with Dr. Mishoulam.