

PELLEGRINI DENTAL
27 Railroad Avenue, Suite 2
Duxbury, MA 02332
781-934-2311

SMILE EVALUATION AND CONSULTATION

Name _____ Date _____
Address _____
Home Phone _____ Cell Phone _____

Your smile is one of the first things people will notice about you. To assist in your treatment please answer the following questionnaire.

Do you ever...

- Avoid smiling?
- Cover your mouth with your hand when you smile?
- Avoid smiling in photographs?
- Grind or clench your teeth?

Do you have...

- Spaces between your teeth?
- Missing teeth?
- Old dental work that you are not satisfied with?
- Chipped or worn down teeth?
- Stained or discolored teeth?
- Uneven teeth?
- Uneven gums?
- Teeth that are too long?
- Teeth that are too short?
- Dark metal fillings that are visible when you laugh or smile?
- Clicking or sore jaw joint?
- Soreness or stiffness of jaw muscles?

If you could WAVE A MAGIC WAND and change anything about your smile WHAT WOULD YOU CHANGE? _____
