



Dr. David J. Campbell, DDS  
7110 Highland Road  
White Lake, MI 48383-2851  
(248) 887-8387 Phone  
(248) 889-5842 Fax

---

## Smile Evaluation

1. Do you like the way your teeth look?  Yes  No  
Explain: \_\_\_\_\_
2. Are you happy with the color of your teeth?  Yes  No  
Explain: \_\_\_\_\_
3. Would you like for your teeth to be whiter?  Yes  No  
Explain: \_\_\_\_\_
4. Would you like your teeth to be straighter?  Yes  No  
Explain: \_\_\_\_\_
5. Do you have spaces between your teeth that you would like closed?  Yes  No  
If so, where? \_\_\_\_\_
6. Would you like your teeth to be longer?  Yes  No  
If so, Upper\_\_\_\_\_, Lower\_\_\_\_\_, Both\_\_\_\_\_?
7. Do you like the shape of your teeth?  Yes  No  
Explain: \_\_\_\_\_
8. Do you have missing teeth that you would like to replace?  Yes  No  
Explain: \_\_\_\_\_
9. Do you have old silver fillings that you would like to replace with tooth-colored fillings?  Yes  No  
Explain: \_\_\_\_\_
10. If you could change anything about your smile, what would you change?  
\_\_\_\_\_