



## Office of Drs. Tarantola and Hwang

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### *Smile Analysis*

Welcome to our office! It is our sincere hope that your visit here will be comfortable and rewarding. If there is anything about your smile/teeth that you are not happy with, please take a few minutes to complete this questionnaire so that we may better serve you.

#### DO YOU:

Want whiter teeth	Y__N__	Need braces	Y__N__	Have pointed eye teeth	Y__N__
Have chipped teeth	Y__N__	Have overlapping teeth	Y__N__	Want to look younger	Y__N__
Use a nightguard	Y__N__	Have sensitive teeth	Y__N__	Have rotated teeth	Y__N__
Grind/clench your teeth	Y__N__	Have white spots on your teeth	Y__N__	Have space between your teeth	Y__N__
Have uneven or crooked teeth	Y__N__	Have unattractive front caps or bridgework	Y__N__	Want a more self confident smile	Y__N__
Want to cover up silver fillings when you smile	Y__N__	Have teeth that are too large or too small	Y__N__	Want to change the size/shape of your teeth	Y__N__

Do you want your smile to look:

Natural\_\_ Straight\_\_ White\_\_ Youthful\_\_ Other\_\_\_\_\_

\*If you've answered "YES" to any of the above questions we have great news for you. You can be on your way to a brighter, whiter, more confident smile. Ask about our Chase Financial payment program.

Name\_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_\_