



Vaughn Family Dentistry
965 White Plains Road
Trumbull, CT 06611

SMILE EVALUATION

Your Name: _____

Date: _____

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. Do you have missing teeth that you would like to replace? **YES? NO?**
Explain: _____
4. Do you have old silver fillings that you would like to replace with tooth colored fillings? **YES? NO?**
Explain: _____
5. If you could change anything about your smile, what would you change?
