

dentalessence **Worthing**

Smile Menu Form

Please tick the relevant boxes to inform us of your current dental concerns

	Yes	No
Are you happy with the appearance of your teeth/gums/smile?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to discuss enhancing the appearance of your smile?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to discuss how to make your teeth WHITE?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth sensitive?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any teeth you think are unsightly, misshapen or out of line?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any old crown that now do not match your other teeth or have dark lines at the gums?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any old or stained fillings that show when you smile?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any silver fillings that you would like replacing with tooth coloured mercury free restorations so that they blend in better?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any missing teeth that you would like replacing to improve your smile and your bite?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an old, worn denture, or an NHS denture that looks and feels false?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth stained or your gums red & swollen?	<input type="checkbox"/>	<input type="checkbox"/>
Do your gums bleed when brushing?		
Do you get a bad taste in your mouth or around some teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned that you may have bad breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you play contact sports without wearing a gum shield to protect your teeth, smile and your bite?	<input type="checkbox"/>	<input type="checkbox"/>

What don't you like about your smile?

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Date..... Signature.....