



DR. ERIC W. HWANG, DDS

...ONE SMILE AT A TIME

## Patient Smile Evaluation Form

Exceptional Dentistry of Chandler would like to thank you for being our patient. We would like to ask if you can take just a few minutes and answer some of the questions below to make sure there isn't a concern you have about your own dental needs that we may not have discussed in the past.

Please circle:

- |     |    |  |
|-----|----|--|
| YES | NO | Do you dislike the color of your teeth?                |
| YES | NO | Do you have spaces between your teeth that bother your |
| YES | NO | Do you have chips or uneven edges on your teeth?       |
| YES | NO | Do you feel that your teeth are too long or too short? |
| YES | NO | Do you have dark fillings that show when you smile?    |
| YES | NO | Do your gums show too much when you smile?             |
| YES | NO | Do you feel your teeth are crowded or crooked?         |
| YES | NO | Do you have existing dental work you consider ugly?    |



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YES TO Would you like to improve your existing smile?