SMILE PROFILE

DO YOU HAVE A DESIRE TO IMPROVE YOUR SMILE?

Ask yourself the following questions:

	YES	<u>NO</u>
1. Are you self-confident about smiling in front of other people?		
2. Do you ever put your hand up to cover your smile?		
3. Do you feel you photograph better from one side of your face?		
4. Is there someone you think has a better smile than you?		
5. Do you look at magazines and wish you had a smile as pretty as the model's smile?		
6. Do you wish your teeth were straighter?		
7. When you look at your smile in the mirror, do you see any		
defects in your gums or in your teeth?		
8. Do you wish your teeth were whiter?		
9. Are you satisfied with the way your gums look?		
10. Do you feel you show too many or too few teeth when you smile?		
11. Do you think you show too much or too little gum tissue when you smile?		
12. Do you wish you had longer or shorter teeth?		
13. Would you prefer wider or narrower teeth?		
14. Are your teeth too square or too round?		
15. Do you like the way your teeth are shaped?		
16. If you could alter your smile, what would you most like to change	e? 	
17. In the past what has prevented you from improving your smile?		
NAME	DATE	
SIGNATURE		