Shandrick Dental Care Studios
ROBERT S. SHANDRICK DMD, FAGD
exceptional dentistry for exceptional smiles

How do you feel about your *Smile?*

Your smile plays a lot of important roles. It's an introduction, an invitation and a way to express how you feel - it says so much about you. A beautiful, confident smile spells success and can lead to many opportunities in both your personal and professional life.

To assess your personal feelings about your smile, fill in the following questionnaire. It will take just a few moments to answer the questions and provide a blueprint that will help us determine the type of treatments best suited to your unique situation.

		Yes	No
1.	Do you feel pain in any of your teeth?	☐	☐
	If yes, where: _____		
2.	Are any of your teeth sensitive to: (circle) cold hot sweets biting	☐	☐
3.	Do you have any broken fillings?	☐	☐
4.	Were you ever told you have periodontal disease?	☐	☐
5.	Are your gums puffy, red or swollen-looking? Do they bleed easily?	☐	☐
	If yes, please explain: _____		
6.	Are you pleased with the general appearance of your teeth and smile?	☐	☐
	If no, please explain: _____		
7.	Have you ever had orthodontic treatment?	☐	☐
8.	Are there spaces between your front teeth that you dislike?	☐	☐
9.	Are you satisfied with the color of your teeth?	☐	☐
	If no, please explain: _____		
10.	Do you have old fillings or dental work that you think would look much better white?	☐	☐
11.	Are you satisfied with the shape of your teeth?	☐	☐
	If no, please explain: _____		
12.	Are any of your teeth Chipped? Hidden? Protruding?	☐	☐
	If yes, please describe: _____		
13.	Are you satisfied with the way your teeth come together (bite)?	☐	☐
	If no, please explain: _____		
14.	Do you have any jagged teeth or teeth that you think are too long or too short?	☐	☐
15.	What would you like to change about the appearance of your teeth?		
16.	Do you have missing teeth that make chewing difficult?	☐	☐
17.	Have you ever experienced any of the following problems from your jaws?		
	Clenching or grinding of your teeth	☐	☐
	Clicking Noise	☐	☐
	Pain (joint, ear, side of face)	☐	☐
	Difficulty in opening or closing	☐	☐
	Difficulty in chewing	☐	☐
	Do you experience frequent headaches	☐	☐
	Ear Congestion/Blocked feeling in ears	☐	☐

We'd like to review your responses with you and together determine the best treatment options to create the beautiful and confident smile you envision and deserve.

International Printing & Graphics 10/07