

Smile Check

Let us help you to improve your mouth and smile

Please tick the relevant boxes to help us know your current dental concerns

YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you perfectly happy with your smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you think your smile could be better? |
| <input type="checkbox"/> | <input type="checkbox"/> | Would you like your teeth to look whiter or brighter? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your teeth sensitive? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you any teeth you think are unsightly, mis-shapen or out of line? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any old crowns or bridges 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 stained fillings that show when you smile? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have mercury 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 suffer from headaches, jaw ache or does your jaw click? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have worn teeth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any missing teeth that you would like to be replaced to improve your smile and your bite? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an old, worn denture, or loose denture that looks false and feels false? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed any changes in your facial structure since you started wearing dentures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever considered dental implants? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your teeth stained or your gums red and swollen? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do your gums bleed when brushing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you get a bad taste in your mouth or around some of your 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? |