



**Newport Beach Dental Associates  
Implant, Cosmetic and General Dentistry**

**Personalized Cosmetic  
Evaluation**

**Name:** \_\_\_\_\_

- |   |            |           |
|---|------------|-----------|
| <b>Do you like the color of your teeth?</b>                                   | <b>Yes</b> | <b>No</b> |
| <b>Dou you have spaces between your teeth?</b>                                | <b>Yes</b> | <b>No</b> |
| <b>Do these spaces bother you?</b>  | <b>Yes</b> | <b>No</b> |
| <b>Do your teeth have chipped or uneven edges?</b>                            | <b>Yes</b> | <b>No</b> |
| <b>Do you feel that your teeth are too crowded?</b>                           | <b>Yes</b> | <b>No</b> |
| <b>Are your teeth “notched” at the gumline, root exposure or sensitivity?</b> | <b>Yes</b> | <b>No</b> |
| <b>Are you satisfied with the appearance of your teeth?</b>                   | <b>Yes</b> | <b>No</b> |
| <b>Would you like a complimentary before and after smile picture?</b>         | <b>Yes</b> | <b>No</b> |
| <b>Have you ever had your teeth bleached?</b>                                 | <b>Yes</b> | <b>No</b> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_