Jon M. Monette, D.D.S., INC.

Cosmetic Questionnaire

With recent advancements in materials and techniques, many of our patients are inquiring about cosmetic dental procedures. In order to better serve you, please take a moment to let us know how you feel about the appearance of your smile.

Name_____ Date_____

	Yes	No
Do you like the appearance of your teeth?	☐	☐
Are your teeth as straight as you would like them to be?	☐	☐
Are you happy with the length, width, and shape of your teeth?	☐	☐
Do you think you have a "gummy" smile?	☐	☐
Do you have any chipped teeth?	☐	☐
Do you have any missing teeth?	☐	☐
Do you have any spaces between your teeth?	☐	☐
Do you have any discolorations, stains, or spots on your teeth?	☐	☐
Would you like your teeth to be whiter?	☐	☐
Do you have any dental work that you do not like?	☐	☐
Do you have any silver filling you would like to be changed to white?	☐	☐
Do you know anyone that has cosmetic dentistry that interests you?	☐	☐

From the questions above, which concerns you the most?

_____

_____

If you could change anything about the appearance of your teeth, what would it be?

_____

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