

DR. DAN CZAPEK

Look in the mirror and observe your teeth and smile. Then please consider each statement carefully and check the best answer for you.

Please use the space below to indicate any other problems, concerns, or questions. We will make every effort to listen attentively to your concerns so that we can present you with the possible treatment options.

1. I am concerned about the appearance of my teeth or my smile ☐ Yes ☐ No
2. In social situations I am sometimes embarrassed by my teeth or my smile ☐ Yes ☐ No
3. I do not like the color/ or lack of whiteness of my teeth ☐ Yes ☐ No
4. I am concerned about the shape of my teeth ☐ Yes ☐ No
5. There are some things about my upper front teeth I would like to change ☐ Yes ☐ No
6. There are some things about my lower front teeth I would like to change ☐ Yes ☐ No
7. I have old fillings or previous dental treatment that is no longer satisfactory to me ☐ Yes ☐ No
8. I am missing one or more of my teeth ☐ Yes ☐ No
9. I am interested in learning more about esthetic dentistry ☐ Yes ☐ No

Please use the space below to indicate any other problems, concerns, or questions. We will make every effort to listen attentively to your concerns so that we can present you with the possible treatment options.

Thank you
