

Esthetic Questionnaire

What brings you to the office today?

How important is it for you to keep your teeth the rest of your life?

Very Important _____ Important _____ Not Important _____

Tell us about past positive and negative dental experiences.

Positive _____

Negative _____

Is there anything you would like to change in your mouth on your smile? If yes, please describe below:

Do you have any ideas on how you would like your teeth to look?

Have you ever considered bleaching your teeth? Y/N

Would you consider orthodontics as an adult? Y/N

Would you be interested in learning more about Botox or dermal filler? Y/N

Is there anything in particular you would like to discuss? If so please elaborate below:

Date: _____