



Dr. Elizabeth Moore, DDS and Dr. Lauren Deyo, DDS
332 140 Village Road
Westminster MD 21157
(410) 848-8229
(410) 848-4332 (Fax)

Smile Assessment Form

Please consider each statement carefully and circle YES or NO. The doctor and members of the dental team will discuss responses with you in confidence.

Name: _____ Date: _____

1. I am concerned about the appearance of my teeth or smile. YES or NO
2. I am concerned about the whiteness/lack of whiteness of one or more of my teeth. YES or NO
3. I am concerned about the position or angle of one or more of my teeth. YES or NO
4. I am concerned about the shape of one or more of my teeth. YES or NO
5. In social situations, my teeth or smile sometimes embarrasses me. YES or NO
6. There are some things about my upper front teeth I would like to change. YES or NO
7. There are things about my lower front teeth that I would like to change. YES or NO
8. I have old fillings or previous dental treatment that is no longer satisfactory to me. YES or NO
9. I am missing one or more of my teeth. YES or NO
10. I am interested in learning more about:
 - Invisalign. YES or NO
 - Whitening. YES or NO