

Take our...

# SMILE ASSESSMENT

and see if you might be a candidate for an enhanced smile.

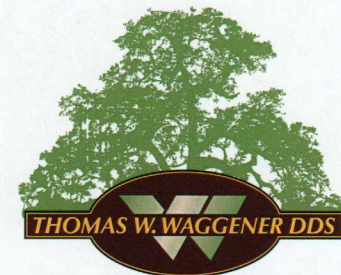
Yes No

- Are you comfortable showing your teeth when you smile?
- Are you happy with the appearance of your teeth?
- Do you have unsightly crowns or fillings?
- Are your teeth sensitive to hot or cold?
- Do you feel your teeth are too long or too short?
- Do you like the color of your teeth?
- Are you interested in replacing missing teeth?
- Are you familiar with the benefits of dental implants?
- Are your gums receding?

What is holding you back from your perfect smile?

Yes No

- Fear
- Time
- Cost
- Other \_\_\_\_\_



*Excellence with a Caring Touch*