



CAUSEWAY
dental



smile analysis

	Yes	No
Would you like your teeth to look whiter or brighter?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth sensitive?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any teeth you think are unsightly, badly shaped or out of line?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any old crowns that now do not match your other teeth or have lines at the gums?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any old or stained fillings that show when you smile?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any missing teeth that you would like to replace to improve your smile and your bite?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an old worn denture that looks false?	<input type="checkbox"/>	<input type="checkbox"/>
Are your teeth stained or are your gums red and swollen?	<input type="checkbox"/>	<input type="checkbox"/>
Do your gums bleed when brushing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get a bad taste in your mouth or around some teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned that you may have bad breath?	<input type="checkbox"/>	<input type="checkbox"/>
Do you play contact sports without wearing a properly fitting gumshield to protect your teeth?	<input type="checkbox"/>	<input type="checkbox"/>

