



Patient Smile Interview Form/Script

What brought you in and what would you like to accomplish during your appointment today? Are you experiencing any pain or have any specific concerns?

If you could change just one thing about your front teeth, those we see when you smile, what would that be?

- How do you feel about the color of your front teeth,
are they white enough? No Yes
- Do you like the way they are shaped? No Yes
- Are your front teeth as straight as you'd like them to be? No Yes
- Are you satisfied with their overall appearance? No Yes
- Is there anything you'd like to change about them? No Yes

Now let's talk about your back teeth, the ones you chew on:

- If there was anything you could change about these,
what would it be? _____
- Do you have any sensitivity to hot or cold or when you chew? No Yes
- Do you have any difficulty chewing? No Yes
- Are you missing any teeth? No Yes
- Does food get trapped and annoy you? No Yes
- Is there anything in the back that you'd like us to look at? No Yes
-
-

Your gums aren't something most people think about, but let me ask you this:

- Do your gums ever bleed? No Yes
- Do you ever experience any sensitivity? No Yes
- How is your breath? _____
- Do you have any recession? No Yes
-
-

- Do you have removable pieces in your mouth? No Yes
- Are they comfortable? No Yes
-
-