

Smile Evaluation

Obtain the Smile You Have Always Wanted

Please take a moment to answer the following questions regarding your smile. If you are not happy with the appearance of your smile or teeth, ask Dr. Kondas and his team what services are available to improve your smile.

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| Has anyone (family member, friend, etc.) ever suggested that you should have something done with your teeth or smile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you avoid smiling when you have your picture taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you wish you had a "new smile?" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you self-conscious of your teeth and/or smile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you dislike the color of your teeth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have spaces between your teeth that bother you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have chips or uneven edges on your teeth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel that your teeth are too long or too short? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have dark fillings that show when you smile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do your gums show too much when you smile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are your teeth crowded or crooked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have existing crowns or dental work that you consider "ugly?" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you like to improve your existing smile? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

When it comes to improving your smile, what concerns do you have regarding dental treatment?

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| <input type="checkbox"/> Fear of Treatment | <input type="checkbox"/> Time of Treatment Concerns | <input type="checkbox"/> Financial Concerns |
| <input type="checkbox"/> Distance from the Office | <input type="checkbox"/> Understanding Treatment | <input type="checkbox"/> Embarrassment |
| <input type="checkbox"/> Other (please explain): | | |

Dr. Kondas can also help you fight aging.

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| Would you be interested in Botox® therapy to reduce facial wrinkles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you be interested in Dermal Fillers (Juvederm®) to reduce deep facial folds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

These smiles were transformed by Dr. Kondas

Porcelain Crowns

Porcelain Veneers

