



# SureSmile<sup>®</sup>

The best thing you'll ever wear  
is a smile. Let us help you make it!

Please answer the below questions so we can talk through your aspirations  
for your perfect smile and so our dental team can find the solutions to get you there.

Name

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DOB

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**Please circle**

**1. When you smile and look in the mirror are you happy with what you see?**

Yes

No

If no, please provide details of why?

**2. Do you think your teeth are straight?**

Yes

No

If no, please explain why (you may feel you have spaces in your teeth, or they are too crowded or crossed over?)

**3. Are you happy with the colour of your teeth?**

Yes

No

If no, please explain why?

**4. Are you happy with the shape of your teeth?**

Yes

No

If no, please explain why?

**5. Do you have any chipped teeth?**

Yes

No

If yes, please give details.

**6. Have you had any previous dental work that you are not happy with?**

Yes

No

If yes, please give details.

**7. Have you had any previous orthodontic treatment?**

Yes

No

If yes, please give details.

**8. What would you like to change most about the appearance of your teeth?**