Clifton Dental Care
Smile with Pryde

Smile Check

As part of our commitment to provide you with the best possible care and treatment we would like to find out how you feel about your smile. Please take a few minutes to complete this questionnaire.

Do you suffer with any of the following:

- ☐ Sensitivity
- ☐ Teeth pain or discomfort when chewing
- ☐ Headache
- ☐ Earache
- ☐ Neck pain
- ☐ Jaw joint pain
- ☐ Bleeding swollen or irritated gums
- ☐ Loose or shifted teeth
- ☐ Grinding or clenching teeth
- ☐ Bad breath or taste in the mouth
- ☐ Teeth or fillings breaking

If I could change my smile I would:

- ☐ Make my teeth whiter
- ☐ Make my teeth straighter
- ☐ Close spaces between my teeth
- ☐ Replace my black metal fillings with natural looking white ones
- ☐ Replace old crowns that do not match my teeth in colour
- ☐ Repair my chipped teeth
- ☐ Replace my removable denture with a permanent solution
- ☐ Replace my missing teeth
- ☐ Have a smile makeover

On a scale of 1 – 10 where 1 is least important and 10 is most important please answer the following by marking the relevant box.

How important is your smile to you?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

How do you rate your current dental health?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Thank you for completing your smile analysis