



DESTEFANO  
DENTISTRY

WHAT ASPECTS OF YOUR SMILE WOULD YOU LIKE TO IMPROVE?

- |   |  |
|---|--|
| <input type="checkbox"/> CROWDING/CROOKED TEETH     | <input type="checkbox"/> JAW JOINT PAIN  |
| <input type="checkbox"/> SPACES                     | <input type="checkbox"/> MISSING TEETH   |
| <input type="checkbox"/> TOOTH SHAPE                | <input type="checkbox"/> DARK TEETH      |
| <input type="checkbox"/> TOOTH SIZE                 | <input type="checkbox"/> SPEECH PROBLEMS |
| <input type="checkbox"/> GUMMY SMILE                | <input type="checkbox"/> OVERBITE        |
| <input type="checkbox"/> UNDERBITE                  | <input type="checkbox"/> FACIAL PROFILE  |
| <input type="checkbox"/> TEETH ARE DIFFERENT COLORS | <input type="checkbox"/> UGLY OLD CROWNS |
| <input type="checkbox"/> OTHER _____                |  |

I AM INTERESTED IN:

- SIX MONTH SMILES (Short-term orthodontic treatment)
- TEETH WHITENING
- VENEERS
- OTHER \_\_\_\_\_

IS THERE ANYTHING YOU WOULD LIKE THE DENTIST TO KNOW?

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