

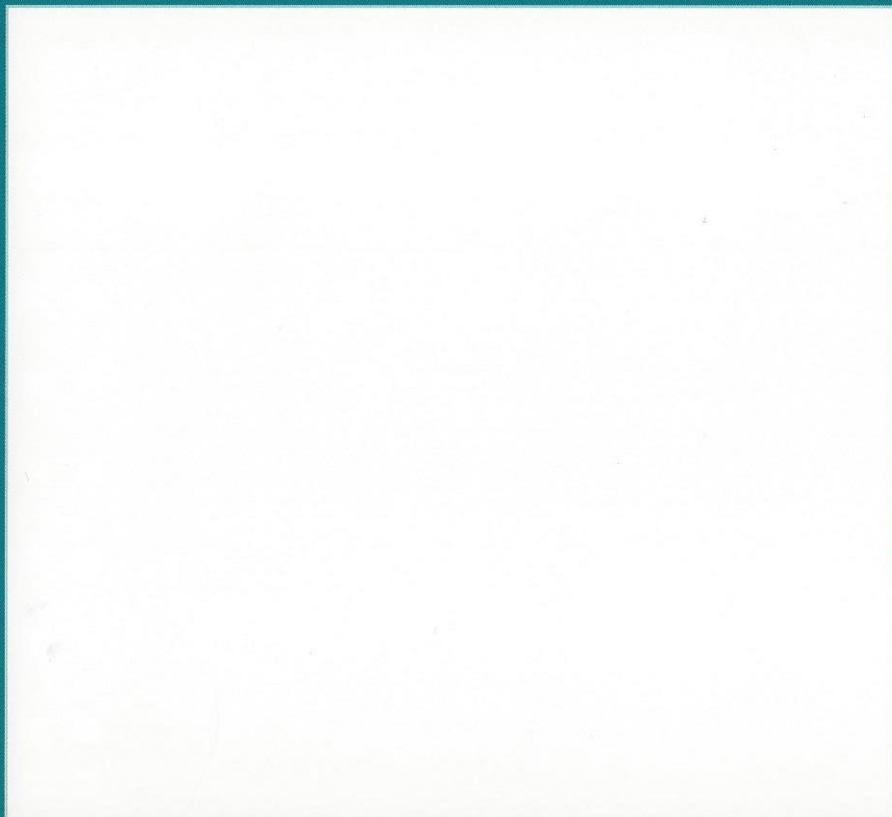
Dental health check

At High Street Dental our aim is to improve your dental health and give you a smile to be proud of. This brief questionnaire will let us help you to improve your mouth and smile.

Name

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Would you like your teeth to look whiter or brighter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you any teeth you think are unsightly, misshapen or out of line? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any old or stained fillings that show when you smile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any old crowns that now do not match your other teeth or have dark lines at the gums? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any silver fillings that you would like replaced with tooth coloured ones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any missing teeth that you would like replacing to improve your smile and your bite? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are your teeth stained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are your gums red and swollen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do your gums bleed when brushing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you get a bad taste in your mouth or around some teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are your teeth sensitive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you concerned that you may have bad breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have an old denture that looks or feels false? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If you could alter your smile what would you most like to change? | | |

Notes



highstreetdental

creating healthy, happy smiles

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