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## **Personalized Aesthetic Evaluation**

Name	Date
The questions below are specifically designed to aid our diagnosis and treatment of your smile-related concerns. Please consider them carefully and answer to the best of your ability.	
Do you like the appearance of your teeth and your smile?	YesNo
Do you like the color of your teeth?	YesNo
Does the shape of your teeth bother you?	YesNo
Do you have chips or uneven edges on your teeth?	YesNo
Do you feel that your teeth are too crowded?	YesNo
Do your gums look and feel healthy?	YesNo
Is your bite comfortable?	YesNo
Would you like your teeth to be whiter & straighter?	YesNo
Are there any old silver fillings that you would like to have replaced?	YesNo

In general, how do you feel about your smile? Please list any other concerns you would like to discuss with us.

Thank you for completing this questionnaire! We would like to help you obtain the smile of your dreams!

*Eric Johnson, DDS and Team* 647 Camino De Los Mares, Ste. 209 • San Clemente, CA 92673 • 949.493.9311