

Cosmetic Dental Self-Analysis

TEETH

- YES NO Would you like brighter teeth?
- YES NO Are the teeth one color from top to bottom?
- YES NO Do the front teeth contain fillings that do not match the teeth?

GUMS

- YES NO Are the gums pink and healthy-look everywhere (versus red and swollen)?
- YES NO Have the gums receded from the necks of the teeth anywhere?
- YES NO Is the curvature of the gum tissue good around the teeth (half-moon shaped)?

BREATH

- YES NO Is your breath always pleasant?
- YES NO Do you use mouthwash or some other treatment for bad breath?
- YES NO Do you brush or scrape your tongue regularly?
- YES NO Do you have a problem with throat/sinus drainage?
- YES NO Do you think your mouth is free from decay or gum disease that can cause bad breath?

How frequently do you brush (and with what toothpaste and firmness of toothbrush)?

How frequently do you floss (and with what kind)?