



Smile Check

To help us better understand your needs, please tick if any of the following concern you? Let us help you to improve your mouth, smile and confidence.

- My teeth are not as white and bright as I would like*
- I am self conscious about my teeth when I smile*
- I have some missing teeth or gaps that affect my smile*
- I have crowns that don't match my other teeth*
- Some of my teeth are dark, chipped or misshapen*
- I have old unsightly silver fillings*
- I have a denture which looks/feels false*
- I have sensitive teeth*
- My gums bleed when I brush*
- I worry about bad breath*
- I wish to know more about anti-snoring devices*
- I play sport and would like a gum shield to protect my teeth*

We can help with all these issues

Please tick your concerns and hand this sheet to one of our team.

Name: Date: