MONKSTOWN DENTAL

NEVER STOP SMILING

smile check

Let us help you to improve your mouth, smile and confidence

Please tick the relevant boxes to help us know your current dental concerns.

YES	NO	
☐	☐	Would you like a whiter, brighter smile?
☐	☐	Are your teeth sensitive to hot, cold or sweet foods?
☐	☐	Do you think any of your teeth are unsightly, misshapen or out of line?
☐	☐	Do you have any old crowns that now do not match your other teeth or have dark lines at the gums?
☐	☐	Do you have any old or stained fillings that show when you smile?
☐	☐	Do you have any silver fillings that you prefer were tooth coloured?
☐	☐	Do you have any missing teeth that you would like replaced to improve your smile and bite?
☐	☐	Do you have an old, worn denture, or an NHS denture that looks and feels false?
☐	☐	Are your teeth stained?
☐	☐	Do your gums appear red and swollen or bleed when brushing?
☐	☐	Do you have an unpleasant taste in your mouth?
☐	☐	Do you worry that you may have bad breath?
☐	☐	Do you play contact sports without wearing a gum shield to protect your teeth, smile and your bite?

Date _____

Signature _____