(580)596-3541 phone
jko@sbcglobal.net
www.jkofamilydentistry.com
204 Southgate
Cherokee, OK 73728

Smile Evaluation

1. Do you like the way your teeth look? Yes _____ No _____
   Explain _____
2. Are you happy with the color of your teeth? Yes _____ No _____
   Explain _____
3. Would you like your teeth to be whiter? Yes _____ No _____
   Explain _____
4. Would you like your teeth to be straighter? Yes _____ No _____
   Explain _____
5. Do you have spaces between your teeth you would like closed?
   Yes _____ No _____
   If so, where? _____
6. Would you like your teeth longer? Yes _____ No _____
   If so, Upper _____ Lower _____
7. Do you have missing teeth you would like replaced? Yes _____ No _____
   Explain _____
8. Do you like the shape of your teeth? Yes _____ No _____
   Explain _____
9. Do you have old silver fillings you would like replaced with tooth-colored fillings? Yes _____ No _____
   Explain _____
10. If you could change anything about your smile, what would you change?
    Explain _____
    _____

I agree to let Dr. Jana Oister's team to take photos of me to utilize for educational or promotional purposes.

Signature: _____

Date: _____