
AESTHETIC EVALUATION

Your feedback is very important to us!

We are continually improving our existing service and developing new programs based on your comments and suggestions. The following is a questionnaire aimed to help us better understand your cosmetic needs. Please take a few moments to provide us with this valuable information. Your assistance is greatly appreciated. If you have any questions we will gladly discuss them with you.

1. How happy are you with your smile?

 Very happy  Happy  Not so happy _ Don't know

2. What do you like about your smile?

3. What do you not like about your smile?

4. Do you see your smile as an important part of your personality?

Absolutely Not really Definitely not

5. What would you want to change about your smile?

6. What do you prefer:

Tooth-coloured fillings Silver fillings Gold fillings

7. Which is better for you several short appointments or one or two longer sessions?

THANK YOU