

Smile Evaluation

At Persona Dental, we are committed to helping you discover and obtain the smile you have always wanted. Please take a moment to complete this questionnaire. This information helps us ensure that we are serving you to the best of our ability.

Do you have sensitive teeth ?

Are you happy with the color of your teeth?

Are your teeth...

Chipped? _____ Protruding? _____ Hidden ? _____ Crowded ? _____

Do you have any old fillings or other dental treatment you are unhappy with? _____

If you could change anything about your smile, what would it be? _____

Do you grind or clench your teeth? _____

Do you suffer from migraine headaches? _____

Is snoring a problem for you ? _____

Have you been diagnosed with sleep apnea ? _____

