



3720 NW 43<sup>rd</sup> St, Suite 102  
Gainesville, FL 32606

Ada Parra, DDS, MS  
Justin Craighead, DMD, MS

## PATIENT SURVEY

1. Do you like the appearance of your teeth (your smile)?

Yes                  No                  If not, please explain:



2. Are your teeth all in alignment (straight)?

Yes                  No                  If not, please explain:



3. Do you have spaces that you don't like?

Yes                  No                  If yes, please explain:



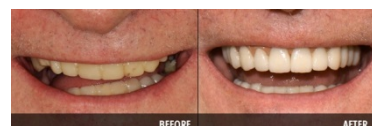
4. Do you like the color of your teeth?

Yes                  No                  If not, please explain:



5. Do you like the shape of your teeth?

Yes                  No                  If not, please explain:



6. Are your teeth:                  chipped?                  protruding?                  hidden?

7. Are your teeth wearing on the biting surfaces?

Yes                      No                      If yes, please explain:



8. Are there old fillings or dental works that you don't like looking at?

Yes                      No                      If yes, please explain:

9. What would you like to change the most in the appearance of your teeth?

10. How would you like your teeth to look?