

ANALYZE YOUR OWN SMILE

1. Do you have any concerns about your smile?
2. Do you cover your mouth with your hand when you smile or talk?
3. Are some of your teeth darker than the others?
4. Do some of your teeth have white or brown stains?
5. Are you self-conscious about smiling in front of other people?
6. Would you like a whiter, more youthful smile?
7. Do you see any defects in the appearance of your teeth or gums?
8. Are there spaces or gaps between any of your teeth?
9. Are your teeth crowded?
10. If you have crowding or spaces, is it getting worse?
11. Are any of your teeth too long or too short?
12. Are any of your teeth crooked, jagged, worn, or chipped?
13. Do you have old fillings or bonding that are chipped, discolored, misshaped, worn, or otherwise in need of upgrading?
14. Do you have old veneers or crowns that need upgrading?
15. Do you have missing teeth that you would like replaced?
16. Is the appearance of your smile out of balance from one side to the other?
17. Is there anything else about your teeth or your smile that you would like to change if it were possible?

If you answered “Yes” to any of these questions, you may want to discuss your options for cosmetic dentistry with us. Call us for a consultation at (860) 537-2351 or email us at info@ColchesterDentalGroup.com