

Smiles of North Dallas

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Smile Survey

In order to serve you better and to better understand your concerns, kindly answer the following few questions regarding your smile. Thank you.

How do you feel about your smile?

Is there anything you might like to consider changing about your smile? In your words, with a magic wand what would you change?

Would you like to have whiter teeth? Longer or shorter teeth? Teeth that are not crowded or rotated?
Explain: _____

Do you have old crowns or fillings that you think are unsightly? Dark edges around a crown or filling?
Explain: _____

Would you like to learn more about how you can change your smile esthetics? YES NO

Are you familiar with 6 Month Smiles, Deep Bleaching, Porcelain Veneers and many of the more recent technological advances to help you achieve the smile you have always wanted? YES NO

Your Name: _____

Thank You for your responses! Brooks Haney DDS