

Your smile survey.

Answer these few questions as honestly as you can. Have them at hand when you talk to your dentist. They'll help you find out how Lumineers can give you a beautiful, white smile—the one you've always wanted—in just 2 easy dentist visits!

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Do you like the appearance of your smile? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Do you like the appearance of your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Do you like the color of your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Do you have spaces between your teeth that you don't like? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Do you like the size and shape of your teeth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Are there old fillings or dental work you don't like looking at? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 What would you like to change the most about the appearance of your teeth? | | |

Name _____

Phone number _____

Email address _____