Richard T. Bruce, D.D.S

3501 West Chester Pike, Suite 201
Newtown Square, Pennsylvania 19073
(610) 356-2533

Smile Evaluation
Hold a full face mirror 12”-14” from your face. Smile to show your teeth; take the time to observer your teeth carefully. Then answer the following questions.

1. Do you like the appearance of your teeth, your smile? Yes ___ No ___
   If not, explain _____
2. Are your teeth all in alignment(straight)? Yes ___ No ___
   If not, explain _____
3. Do you have spaces that you don't like? Yes ___ No ___
   If not, explain _____
4. Do you like the color of your teeth? Yes ___ No ___
   If not, explain _____
5. Do you like the shape of your teeth? Yes ___ No ___
   If not, explain _____
6. Are your teeth...?
   Chipped _____ Protruding _____ Hidden _____
7. Do you like the way your teeth come together? Yes ___ No ___
   If not, explain _____
8. Are there old fillings or dental work that you don't like looking at? Yes ___ No ___
   If not, 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?

Other Information

Date of Last Dental Visit: _____

Date _____

Are there any changes since your last visit?

Have you ever had any complications following dental treatment?

List current Medications:

Medications continued. _____

Have you ever had the following? Please circle all that apply

Allergies to: Latex, codeine, penicillin, epinephrine other: _____

AIDS, Alzheimer's, Anemia, Arthritis, Artificial Joint, Asthma, Blood Disease
_____

Cancer, Diabetes, Dementia, Depression, Dizziness, Epilepsy, Excessive Bleeding
_____

Heart Disease, Heart Murmur, Hepatitis, Hypertension, Hypercholesterolemia
_____

Jaundice, Kidney Disease, Liver Disease _____

Nervous Disorder, Pacemaker, Pregnant, Y/N, Pre-Med., Radiation Treatment
_____

Respiratory Disorder, Rheumatic Fever, Rheumatism, Sinus

Stomach Problems, Stroke, Tuberculosis, Tumors, _____

Ulcers, Venereal Disease, Other, Any Surgeries: _____

Are you currently under the care of a physician? _____

Name of Physician and phone number: _____

To the best of my knowledge all of the preceding answers are true and correct.

Signature: _____ Date _____