



El-Nashar

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Dental Care

Tower House, 11 Courtenay Park

Newton Abbot TQ12 2HD

Email: dentalcare@el-nashar.co.uk

Web: www.el-nashar.co.uk

Tel: 01626 212121

Patient details

Date

Full name

Address

.....

.....

Postcode

Telephone numbers

Home

Work

Mobile

Email address

Date of birth

What is your occupation?

.....

Do you have any children? Yes No

If yes, age(s)

.....

We hope that you will be delighted with the care you receive in our practice. We would like to know what made you choose us. Were any of the following reasons involved?

Convenient location

I was recommended by a friend

Name

Internet

Family already a member here

Name

Advert in magazine or newspaper

Referred by another dentist

For emergency treatment only

Another reason, please specify:

.....

.....

.....

.....

.....

We smile when you smile





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Smile check

Please fill in the questionnaire below so that we can understand what you like about your smile and whether you feel it could be improved. This will help us to discuss with you the options that are available for improving your smile. These discussions are on a no-obligation basis.

1. Do you like the colour of your teeth?
Yes No
2. Do you have a space between your front teeth?
Yes No
3. Do your front teeth stick out?
Yes No
4. Are your front teeth crowded or overlapping?
Yes No
5. When you smile broadly, are you happy with the appearance of your teeth?
Yes No
6. Do you cover your mouth when you smile, or make sure it is closed when you are having your photograph taken?
Yes No
7. Do your teeth have white or brown stains?
Yes No
8. If your front teeth contain tooth-coloured fillings, do they match the shade of your teeth?
Yes No
9. In a full smile, the back teeth normally show. Are your back teeth free of stain and discolouration from unsightly restorations?
Yes No
10. Do your restorations (fillings, veneers and crowns) look natural?
Yes No
11. Are your gums pink and 'knife-edged' or are they red and swollen?
Yes No
12. Do you suffer with bleeding gums or bad breath?
Yes No
13. Does anything concern you about your dental health at the moment? If so, please specify:
.....
.....
14. On a scale of 1-10, where 1 is unhappy and 10 is very happy, how happy are you with your smile?
.....
15. If you could alter your smile, what would you most like to change?
.....
.....

We smile when you smile

