

**Smile Check**

**To find the best way to help you, please tick the box that apply:**

1. I have concerns about the appearance of my teeth
2. I would like to change my silver amalgam fillings
3. My gums bleed when I brush my teeth
4. I am worried about the cost and how to pay for the treatment
5. I have concerns about the colour of my teeth
6. I have gaps that show
7. My teeth are sensitive
8. My breath smells
9. My dentures feel uncomfortable
10. I would like to know about credit facilities
11. I would like to discuss reducing the appearance of fine lines and wrinkles on my face
12. I want to give up smoking; I have dental phobias, anxieties', stress, other issues example:  
want to loose weight
13. Any other concerns? Health issues? Please give details:  
.....  
.....

**Please let us know if you have changed your address or telephone number**

Name: ..... Date: ..... E-Mail Address: .....  
Contact Number: .....

RAVENSCOURT  
DENTAL PRACTICE

HOLISTIC DENTAL CARE

**Smile Check**

**To find the best way to help you, please tick the box /es that apply:**

I have concerns about the appearance of my teeth

I would like to change my silver amalgam fillings

My gums bleed when I brush my teeth

I am worried about the cost and how to pay for the treatment

I have concerns about the colour of my teeth

I have gaps that show

My teeth are sensitive

My breath smells

My dentures feel uncomfortable

I would like to know about credit facilities

I would like to discuss reducing the appearance of fine lines and wrinkles on my face

I want to give up smoking; I have dental phobias, anxieties', stress, other issues example: want to loose weight

Any other concerns? Health issues? Please give details: .....

**Please let us know if you have changed your address or telephone number**

Name: ..... Date: ..... E-Mail Address: .....  
Contact Number: .....