

# LUMINEERS® BY CERINATE® SMILE EVALUATION

A Simple Quiz to Help You Obtain the Smile You've Always Wanted

## NO PAIN—YOU DON'T EVEN NEED AN ASPIRIN.

### THE MOST SIGNIFICANT COSMETIC ADVANCEMENT...EVER!

Hold a mirror 12"-14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully, then answer the following questions. If you are not happy with the appearance of your teeth, ask your dentist how LUMINEERS can improve your smile.

1 Do you like the appearance of your teeth; your smile?  Yes  No  
If not, explain \_\_\_\_\_



STAINED AND CHIPPED

2 Are your teeth all in alignment (straight)?  Yes  No  
If not, explain \_\_\_\_\_



SPACES

3 Do you have spaces that you don't like?  Yes  No  
If yes, explain \_\_\_\_\_

4 Do you like the color of your teeth?  Yes  No  
If not, explain \_\_\_\_\_



CALCIFICATION STAINS

5 Do you like the shape of your teeth?  Yes  No  
If not, explain \_\_\_\_\_

6 Are your teeth...  
chipped? \_\_\_\_\_ protruding? \_\_\_\_\_ hidden? \_\_\_\_\_



FANGED TEETH

7 Are your teeth wearing on the biting surfaces?  Yes  No  
If yes, explain \_\_\_\_\_



STAINED AND CROOKED TEETH

8 Are there old fillings or dental work you don't like looking at?  Yes  No  
If yes, explain \_\_\_\_\_



PORCELAIN CROWNS

9 What would you like to change the most in the appearance of your teeth?  
\_\_\_\_\_

10 How would you like your teeth to look?  
\_\_\_\_\_



BEAUTIFUL SMILE



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