



Marnie C. Bauer, D.M.D.

SEDATION EVALUATION

1. Would you like the option of mild sedation for your dental treatment? Y or N

SMILE EVALUATION

1. Do you like the way your teeth look? Y or N

Explain: _____

2. Are you happy with the color of your teeth? Y or N

Explain: _____

3. Would you like your teeth lighter? Y or N

Explain: _____

4. Would you like to straighten your teeth? Y or N

Explain: _____

5. Would you like to close spaces between your teeth? Y or N

Explain: _____

6. Do you feel your teeth are too long? Y or N

Explain: _____

7. Do you like the shape of your teeth? Y or N

Explain: _____

8. Would you like to replace your missing teeth? Y or N

Explain: _____

9. Would you like to replace your silver fillings? Y or N

Explain: _____

10. Is there anything about your mouth that you would change? Y or N

Explain: _____

COSMETIC ENHANCEMENT EVALUATION

1. Do you like the shape/fullness of your lips? Y or N

Explain: _____

2. Would you like a more youthful appearance of:

❖ **Crows feet?** Y or N

❖ **Forehead wrinkles?** Y or N

❖ **Frown lines?** Y or N

❖ **Naso-labial folds?** Y or N

3. Have you ever thought of Botox treatment? Y or N

4306 W. Kensington Ave.
Tampa, Florida 33629
813-839-2273

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www.bauerdentistry.com