



## Smile Check

To help us better understand your needs, do any of the following concern you?

- My teeth are not as white and bright as I would like*
- I am self conscious about my teeth when I smile*
- I have some missing teeth or gaps that effect my smile*
- I have crowns that don't match my other teeth*
- Some of my teeth are dark, chipped or misshapen*
- I have old unsightly silver fillings*
- I have a denture which looks/feels false*
- I have sensitive teeth*
- My gums bleed when I brush*
- I worry about bad breath*
- I wish to know more about anti-snoring devices*
- I am worried about the cost of treatment & how I might pay for it*

We can help you with all these issues.

Please tick your concerns and hand this sheet to one of our team.

Name: .....

MICHAEL MOONEY  
BDS (Sheff) LDS RCS (Eng)

IAN BLAIR  
BDS (Edin) DPDS (Bristol)

SHELLEY MC FARLANE  
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