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Smile Evaluation

A Simple Quiz To Help You Obtain The Smile You've Always Wanted

Do you like the appearance of your smile?

Yes No

Do you like alignment of your teeth?

Yes No

Do you like the spacing of your teeth?

Yes No

Do you like the shape of your teeth?

Yes No

Do you like the color of your teeth?

Yes No

Are you interested in teeth whitening?

Yes No

What would you most like to change about your smile?

Are you content with the condition of your teeth?

Yes No

If no, please explain

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Do you have unsightly crowns or fillings?

Yes No

Are your gums receding?

Yes No

Are you anxious or fearful of treatment?

Yes No

Are you satisfied with the previous dental work you had done on your teeth?

Yes No

If no, please explain

Dr Suzman is in process of switching over to paperless office. As a result we require your email address to communicate electronically via email and text messaging to confirm appointments and more. Our system also allows you protected online access to your personal account where you can view your account balance, pending appointments and even your x-rays. We will not sell or distribute your email address to anyone.

Please enter your email address:

The highest compliment our patients can give is the referral of their family and friends. As a gratitude for your referral, we will credit your account \$25.00 to be used toward any future treatment.

Response Date: