



**ROLLING HILLS  
DENTAL GROUP**

*Exceptional Dentistry for the Quality Conscious*

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☺ **Smile Survey** ☺

Name: \_\_\_\_\_

1. Is there anything about your smile that you wish you could change?      Yes    No

If so, what would it be? \_\_\_\_\_

2. Would you like your teeth to be whiter?      Yes    No

3. Have you tried any tooth whitening products?      Yes    No

If so, which ones? \_\_\_\_\_

4. Do you ever feel self conscious about your breath?      Yes    No

5. Do you use products such as mints, mouth rinse, chewing gum  
or other products to help maintain fresh breath?      Yes    No

6. Would you be interested in learning more about professional  
breath control?      Yes    No

7. Do you ever feel as if there is a coating on the surface of your tongue?      Yes    No

8. Do you brush/scrape your tongue?      Yes    No

9. What type of toothpaste do you use: \_\_\_\_\_  
(i.e. whitening, tartar control, baking soda, sensitive, etc.)