

# Smile Design Form

Name:

If you could improve your smile in an easy, comfortable way, would you? If you answer yes to any of the following questions, talk to your dentist about how you can improve your smile with the no shots, no pain and no drilling technique from LUMINEERS® BY CERINATE®.

1. Do you like the appearance of your teeth?  Yes  No
2. Are your teeth all in alignment (straight)?  Yes  No
3. Do you have spaces?  Yes  No
4. Do you like the color of your teeth?  Yes  No
5. Do you wish your teeth were whiter?  Yes  No
6. Are your teeth chipped?  Yes  No
7. Are your teeth protruding?  Yes  No
8. Are your teeth hidden?  Yes  No
9. Are your teeth wearing on the biting surfaces?  Yes  No
10. Are there old crowns, bridges, or fillings you don't like looking at?  Yes  No
11. What would you like your smile to look like?  Yes  No

***EVERYONE NOTICES YOUR SMILE.  
Improve your self-image by having the smile you want  
with LUMINEERS® BY CERINATE®, Ask your dentist.  
LUMINEERS® BY CERINATE®***

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**B Y C E R I N A T E®**  
*Porcelain Veneers*