



# SureSmile<sup>®</sup> Aligner

## Ideal Smile Questionnaire

Take a few moments to tell us about your smile.	Yes	No
Have you thought about improving the appearance of your smile?		
Would you like to straighten your teeth?		
Do you have spaces that you don't like?		
Would you like to change the color of your teeth?		
Are your teeth chipped?		
Are your teeth wearing on the biting surfaces?		
What would you change about your teeth? (circle all that apply)		
Color    Shape    Size    Straighten    Other:		
Have you had orthodontic work in the past?		
Are you aware that most dental insurance plans cover orthodontic treatments which include clear aligners?		
Have you confirmed your dental insurance coverage for orthodontic treatment, including clear aligners?		

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