**Treatment Menu (please tick all that apply)**

□ Do you think that your teeth are too dark or discoloured?

□ Do you have unsightly, uneven or mis-shapen teeth?

□ Do you have old crowns that do not match your own teeth or have visible margins?

□ Do you worry about missing teeth or spaces?

□ Do your gums bleed when brushing or do you have a bad taste in your mouth?

□ Do you have old, silver or stained fillings that are visible when you smile?

□ Do you have dentures which look and feel false?

□ Do you feel your teeth are crowded or misaligned?

□ Do your teeth keep breaking or do they appear especially worn down?

□ Are your teeth sensitive?

□ Do you play contact sports?

□ Do you feel like you have difficulty opening your jaw or feel like your jaw is locking?

□ Do you worry about lines or wrinkles on your face?