



# LAKEVIEW DENTAL CARE

## Smile Questionnaire

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Do you like your smile?  Yes  No

Do you like the color of your teeth?  Yes  No

Would you like your teeth to be whiter?  Yes  No

*Since your last dental visit have you noticed any of the following:*

Shifting of your teeth?  Yes  No

Breaking or chipping of your teeth?  Yes  No

Any new bleeding spots when you brush your teeth?  Yes  No

When you floss does your floss tear or break?  Yes  No

### CHERRY HILL

2 Split Rock Dr. | Suite 10  
Cherry Hill | NJ 08003  
P. 856-424-3335

### GIBBSBORO

63 N. Lakeview Dr. | Suite 101  
Gibbsboro | NJ 08026  
P. 856-784-7900

### HADDON HEIGHTS

209 White Horse Pike  
Haddon Heights | NJ 08035  
P. 856-546-0665

### LINWOOD

214 New Rd.  
Linwood | NJ 08221  
P. 609-653-0980

### RUNNEMEDE

201 N. Black Horse Pike  
Runnemede | NJ 08078  
P. 856-939-5225