



**John W. Zarrella, D.M.D.  
Family Dentistry**

*Dr. Zarrella is very interested in your responses to the attached Cosmetic Survey.  
Please take a few minutes prior to your appointment to complete it for us.  
This survey will become a permanent part of your dental record.*

**Cosmetic Survey**

1. Are you unhappy or self-conscious about the appearance of your teeth? yes    no  

Shape ?	yes	no
Color ?	yes	no
Arrangement ?	yes	no
  
2. Are you happy with the appearance of your smile? yes    no
  
3. If there was an inexpensive way to whiten or brighten your teeth, would you be interested? yes    no
  
4. If Invisalign was offered as a way to help straighten your teeth would you be interested? yes    no