

SMILE PROFILE

1. Do you like your smile? If no explain:

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2. Is there anything you would change about your smile? If so, what would it be? Explain:

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3. Would you like to have whiter teeth?

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4. Have you ever had braces? If no, would you be interested in consulting with your doctor about straighter teeth?

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5. Are you interested in a "Smile Makeover Consultation ?"

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