



HANDLE ME WITH CARE

Please review and check any box that you would like us to know to help make your visit as comfortable as possible:

- I need to talk to you first, without sitting in the dental chair.
 - I have health problems and questions we need to discuss.
 - I gag easily.
 - I hate the noise of the drill.
 - I don't like the dental office smells.
 - I don't like the chair tipped back too far.
 - I feel out of control when I am lying down in the dental chair.
 - I have problems with my back.
 - My teeth are very sensitive.
 - I don't like the sound of the tool that makes the picking and scraping noise.
 - I don't like cotton in my mouth.
 - I don't like being left alone in the treatment room.
 - I don't like to see the dental instruments.
 - I have not been to the dentist for a long time and I feel uncomfortable about what with the dentist will say about my teeth and my dental hygiene.
 - I know I have habits that are causing harm to my dental health and am afraid I might not be able to break them.
 - Pain relief is a top priority to me.
 - I do NOT like shots, or I've had a bad reaction to shots.
 - Please explain what I need to know about my mouth so I can make an informed decision.
 - Please respect my time. I want to be seen at the time of my appointment unless there is an unexpected emergency causing a delay.
 - I want to know the cost up front to the best of your ability. No money surprises please.
 - I have difficulty listening and remembering what I hear while sitting in the dental chair. I would like to discuss my visit when the visit is complete.
 - Other concerns I would like you to know about: _____
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