

## Please Handle Me With Care

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

Put a check mark on the line next to the statement that concerns you or describes your problem. Then share this information with your dental team.

\_\_\_ I gag easily.

\_\_\_ I feel out of control when I'm lying down in the dental chair.

\_\_\_ I have not been to the dentist for a long time, and I feel uncomfortable about what you will say about my teeth and my dental hygiene.

\_\_\_ Pain relief is a top priority for me.

\_\_\_ I don't like shots (or I've had a bad reaction to shots).

\_\_\_ Please tell me what I need to know about my mouth in order to to make an informed decision.

\_\_\_ My teeth are very sensitive.

\_\_\_ I don't like the sound of that tool that makes the picking and scraping noise. It's like someone is scratching fingernails on a black board.

\_\_\_ I don't like cotton in my mouth.

\_\_\_ I hate the noise of the drill.

\_\_\_ Please respect my time. I don't want to be left sitting in the reception area.

\_\_\_ I want to know the cost up front. No money surprises please.

\_\_\_ I have difficulty listening and remembering what I hear while sitting in the dental chair.

\_\_\_ I have health problems and questions that we need to discuss.