



## Handle Me With Care

\_\_\_\_\_  
(First Name M.I., Last Name)

\_\_\_\_\_  
(Cell Phone)

- 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 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 make an informed decision.
- My teeth are very sensitive.
- I don't like the sound of the tool that makes picking and scraping noise.
- I don't like cotton in my mouth.
- I hate the noise of the drill.
- I want to know the cost up front. No money surprises please.
- I have difficulty listening and remembering what I hear when sitting in a dental chair.
- I have health problems and questions that we need to discuss.