

LAKE AVENUE DENTAL

Handle Me With Care Form

- I feel out of control when I am 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 or think about my teeth and my dental hygiene.
- Pain relief is a top priority to me
- I'm fearful of shots
- Please tell me what I need to know about my mouth so I can make an informed decision.
- I don't like the sound of that tool that makes the picking and scraping noise.
- I don't like the cotton in my mouth
- I hate the noise of the drill
- Insurance/finance largely dictates my treatment, no money surprises please.
- My treatment decisions are not dictated by insurance.
- I don't like the chair tipped back too far.
- I don't like to see dental instruments.
- Other concerns I would like to discuss _____
