



Comfort Menu

Name: _____

Your comfort is our priority. We provide a variety of services to ensure that you are comfortable at all times. Please select from the following options:

- We offer sedation for dental treatment.
Would you like to talk about sedation options? Yes No
 - Blankets help keep you warm and relaxed during your visit.
Would you like a blanket? Yes No
 - Heated neck wraps keep you comfortable and warm through your visit.
Would you like a neck wrap? Yes No
 - Pillows provide an extra measure of comfort if you have a sore back or neck.
Would you like a pillow? Yes No
 - We provide headphones and MP3 players for your listening pleasure.
Would you like to listen to an MP3 player? Yes No
 - Is there anything else we can do for you to make your visit comfortable? Yes No
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Please place a check mark in the box next to the statements that concern you or describe your problem.

- 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 make an informed decision. I like to have as much information as possible.
- My teeth are very sensitive.
- I don't like the sound of that tool that makes the picking and scraping noise.
- I don't like cotton in my mouth.
- I don't like 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.