

Help Us Get To Know You

Please circle the statement that concerns you or describes your problem. Please share this information with your dental team. The more we know, the more we can help to make your visit go well.

1. I am having a problem today that needs to be addressed.
2. Pain relief is a top priority for me.
3. I want to discuss oral sedation or laughing gas for my dental treatment.
4. I have not been to the dentist in a long time and am uncomfortable about what you may find.
5. I have health problems and questions that we need to discuss.
6. My teeth are sensitive.
7. My gums are tender, irritated, and bleed easily.
8. I have concerns about bad breath
9. I would like to keep my natural teeth as long as possible
10. I am not happy with the color of my teeth.
11. I am not happy with the appearance and shape of my teeth.
12. There are old fillings I am not happy with.
13. I am interested in devices to stop snoring or grinding.
14. I feel like my former dental office didn't listen to me.
15. I want to know the cost up front. I don't like money surprises.
16. I don't like the sounds of dentistry. The drill and scraping make me nervous.