

## HANDLE ME WITH CARE

- I gag easily
- I feel out of control when I am lying down in the dental chair
- I have not been to a dentist for a long time and I feel uncomfortable about what you will say or think about my teeth and my dental hygiene
- I know I have bad habits that are causing harm to my dental health. I am afraid I might not be able to break them
- Pain relief is a top priority to 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 so I can 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
- I don't like cotton in my mouth
- I hate the noise of the drill
- I don't like the dental office smells
- Please respect my time. I don't want to be left sitting in the reception area
- I want to know the costs 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
- I don't like being left alone in the treatment room
- I have problems with my back
- I don't like the chair tipped back too far
- I do not like to see dental instruments
- I need to talk to you first, without sitting in the dental chair
- Other concerns I would like to talk about (please specify):

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