

Help Us Handle You With Care

What is most important to you about your teeth? (Please circle: No pain, Not losing them, function, whiteness, shape & size, etc.)

Place a check on all that apply:

- I have not been to a dentist in a long time. I feel worried about what you will say about my teeth and my oral hygiene.
 - My teeth are very sensitive.
 - Pain relief is a top priority for me.
 - I'm very anxious about injections.
 - I feel out of control in the dental chair (or I have an extreme problem with lying down).
 - I gag easily.
 - I hate the noise of dental instruments.
 - I hate the sight and/or smell of a dental office.
 - Please tell me about the treatment options and the ways these can be carried out.
 - I'm concerned about the cost of dental treatment.
 - I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
 - It would help me if you could explain to me what you are doing and why.
 - I have medical problems that we need to discuss.
 - I am feeling more stress and anxiety in my life now, than in the past.
 - There are other issues I'd like to talk about that aren't covered on this form:
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