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Please Handle Me with Care

Name _____ Date: _____

We feel it is necessary to develop a rapport with our patients. Many new patients have had a past unpleasant dental experience. It is crucial to us to know and understand your concerns. We are committed to taking the time to get to know you, discuss your concerns, your fears and your dental expectations. Please check off as many statements as apply to you below.

- I have not seen a dentist in a long time, and I feel uncomfortable about what you will say about my teeth and my oral hygiene.
- I need to have a chat with the doctor first, outside "the chair".
- I gag easily.
- I'm afraid of gagging or choking during treatment.
- I'm worried about feeling pain during treatment.
- Novocain does not work well with me.
- I feel out of control in the dental chair – is there anything you can do to put me in control?
- I have an extreme problem with being tipped back in the dental chair.
- I need to know that you will stop when I give a pre-agreed "stop" signal during treatment.
- I have difficulty listening and remembering what I hear while sitting in the dental chair.
- I don't like being left alone in the treatment area.
- Pain relief is a top priority for me.
- I'm very anxious about injections.
- My teeth are very sensitive.
- I don't like the scraping noise of dental instruments.
- I don't like to see dental tools.
- I don't like cotton in my mouth.
- I hate the noise of the drill.
- Please tell me what I need to know about my mouth in order to make an informed decision.
- 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 health problems and questions that we need to discuss.
- I am interested in conscious oral sedation (halcion) (produces a mild sedation that is helpful in decreasing anxiety).