



**PLEASE HANDLE ME WITH CARE!**

Put a check mark in the box next to the statement(s) that concerns you or describes how you feel. Please share this information with us during your dental exam.

- I do not like the appearance of my teeth.
- I'm concerned about how crooked my teeth are.
- I do not like the color of my teeth.
- I do not like that my teeth are chipped.
- I grind my teeth.
- I don't like my old crowns, bridges or fillings.
- I want to improve the appearance of my smile.
- I gag easily.
- I feel out of control when I'm lying down on 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 for I've had a bad reaction to shots.
- Please tell me what I need to know about my mouth to 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 don't like the noise of the drill.
- Please respect my time. I don't want to be left sitting in the reception area or dental chair.
- I would prefer as much done during my appointments to minimize my visits.
- 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 that we need to discuss.

Thank you for taking the time to share your concerns with us. This will give us a better understanding of your individual needs and will make a significant difference in how you are treated and how you feel about coming to the dentist.

Marisela Sinclair, DDS  
Sinclair Smiles