

Handle Me With Care Form



We want you to have the best experience here.

Please fill out below what you feel is applicable!

- I gag easily.
- I would like to discuss / use all of your options available for stress relief.
- I have not been to the dentist for a long time and I feel uncomfortable about what 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. (Ex: smoking, chewing ice cubes, grinding teeth).
- I would like to get a bite guard.
- Pain relief is a top priority to me.
- I don't like shots, or I've had a bad reaction to shots.
- My teeth are very sensitive.
- I would like vaseline applied to my lips to help prevent chapping during my appointment.
- I don't like cotton in my mouth.
- I have health problems and questions that we need to discuss.
- 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 would prefer to see photos and X-rays of my teeth.
- I need extra time to get numb.
- 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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