

Name: _____



Fraser Dental

Treat Me with Care!

Tell us about your preferences...

We want to ensure that you have the most positive experience possible at Fraser Dental. Sometimes, it's easier to say how you feel without actually having to *say how you feel*. That's why we created this quick questionnaire. You can let us know how you feel about dental treatment and we will listen to your wishes when you come to see us. Tick any of the following that apply to you:

- I get nervous with the smell of the dental practice
- My time is in demand – please don't keep me waiting
- Finances are a concern for me; please tell me about my options
- I've had a bad dental experience in the past
- I get nervous around needles
- I don't like the sound of the drill
- I want to know every aspect of my treatment before you do it
- I don't want to know about the details, just do it!
- I want to feel in control of my treatment appointment
- I get uncomfortable in dental chairs
- I have a strong gag reflex
- I get a reaction to the anaesthetic
- I find it hard to hold my mouth open for so long

Please talk to me about this dental service when I'm next there

- Whitening Teeth
- Straightening Teeth
- Something Else
- I get really cold in the dental chair

Or, tell us something else about how you feel:

