



Comfort Menu

Your comfort is our priority. We provide a variety of services to ensure that you are comfortable at all times. Please select from the following options:

- Complimentary WiFi Internet access is available for your use throughout the office. Please feel free to bring your wireless Internet device with you each visit.
- Our treatment rooms are equipped with monitors for watching movies or your favorite TV shows. We also have Bluetooth noise cancelling headphones, which can be used to listen to your favorite music, watch movies and/or TV shows.
- Our treatment rooms are equipped with massaging dental chairs, and also pillows to provide support and comfort to your neck, dorsal and lumbar areas.
Would you prefer to use any of these? _____yes _____no which option: _____
- Patients find that if they take an analgesic prior to treatment it helps later in the day.
Which would you prefer? _____Tylenol _____Advil _____ other: _____
- We offer Oraverse, Oraverse is the first and only product to rapidly reverse the effects of your local dental anesthetic.
Would you be interested in learning more about it? _____yes _____no
- Blankets help keep you warm and relaxed through your visit.
Would you like a blanket? _____yes _____no

Handle Me With Care

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 the statement that concerns you or describes your problem.

- ___ I gag easily.
- ___ I feel out of control when I'm lying down for a long time, and I feel uncomfortable about what you will say about my teeth and hygiene.
- ___ Pain relief is a top priority for me.
- ___ I don't like shots (or I've had a bad reaction to shots)
- ___ Please tell me what I need to know about my mouth in order to make an informed decision.
- ___ My teeth are very sensitive.
- ___ I don't like cotton in my mouth.

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- ☐ I hate the noise of the drill
- ☐ Please respect my time. I don't want to be sitting in the reception area.
- ☐ I would like to know the cost up front.
- ☐ I have difficulty listening and remembering what I hear while sitting in the dental chair.
- ☐ I have health problems and questions that need to be discuss.
- ☐ I am interested in conscious sedation (nitrous oxide with oxygen)
(Commonly called laughing gas, produces a mild sedation that is helpful in decreasing anxiety)
- ☐ I am interested in oral sedation: for adults who need a deeper state of sedation.
(This would require being accompanied by another adult or someone over the age of 18)

Partnership Pact

I ask you to honestly inform me of all my dental problems. I want you to make me aware of the best quality dentistry available today. Then we can discuss how I can make healthy choices that will work within my budget. I also want to know all the pain relief options available to me, how each dental procedure will work, and how much of my time will be required.

Patient signature: _____ **Date:** _____