Edward Lane, D.D.S
Periodontics & Dental Implants
5565 Murray Road, Suite 101
Memphis, TN 38119

WE'RE CONCERNED ABOUT YOU

We understand that you are unique and have unique concerns. So that we can provide you with the best possible care, please check off the statements that apply to you.

Name_____

		(Yes)	(No)
1.	I am nervous being in a dental chair.	____	____
2.	I have had a bad experience in a dental office.	____	____
3.	I sometimes get dizzy lying back in a dental chair	____	____
4.	I have difficulty with gagging and suctioning.	____	____
5.	I would like to take breaks during long appointments.	____	____
6.	My teeth gums are very sensitive.	____	_
7.	I don't like dental noises such as drilling and suctioning.	____	____
8.	I have concerns about appointment scheduling.	____	____
9.	I would like extra care to relieve pain.	____	
10.	I am not comfortable being lectured to by doctors.	____	____
11.	I will need to relay what you tell me to my spouse or another.	____	____
12.	I don't like shots (or have had a bad experience with them.)	____	____
13.	I have concerns about the appearance of my teeth or smile.	____	____
14.	I have concerns about eating, chewing, or bad breath.	____	____
15.	I have concerns about insurance or finances.	____	____
16.	I have questions or concerns. (Please write it below.)		

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