

Name:

At North Shore Dental we want to make your experience as relaxed and comfortable as possible as we all know that coming to the dentist isn't your favourite place to be.

To ensure your visits with us are the most pleasant please tick any of the following that may 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 the dental chair



I have a strong gag reflex



I find it hard to keep my mouth open for so long



I get really cold in the dental chair

Or tell us something else about how you feel: