

Michael D. Doyle, D.D.S., LLC
~Practice Limited to Endodontics~

Handle Me with Care.....

Please help us better understand your needs:

Name: _____

Date: _____

- I gag easily.
- I feel out of control when I am lying down in the dental chair.
- I feel uncomfortable about what you will say about my teeth and dental hygiene.
- 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 so I can make an informed decision.
- My teeth are very sensitive.
- I don't like the sound of dental instruments.
- I have health problems and questions that we need to discuss.
- I am very anxious/nervous in any dental office.
- I've heard root canals are a very painful procedure. That makes me nervous.
- I've had a bad experience in the dental chair.
- I hate to have my mouth open too long.