



Please Handle Me with Care!

Please put a checkmark in the box next to the statement(s) that concern you:

- I gag easily.
- I feel out of control when I am lying down in the dental chair.
- I have not been to the dentist for a long time, and I feel uncomfortable about what you will say about my teeth and my dental hygiene.
- Pain relief is a top priority for me.
- I don't like dental freezing (or I have a bad reaction to dental freezing).
- 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 the scraping sound of the cleaning tools.
- I don't like cotton in my mouth.
- I hate the noise of the dental tools.
- I have trouble breathing when the chair is too far back.
- I like knowing what to expect during my treatment.
- I prefer minimal conversation while in the dental chair.
- Please respect my time. I don't want to be left sitting in the waiting area.
- I want to know the cost up front. No money surprises, please.



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- I have difficulty listening and remembering what I hear while I am sitting in the dental chair.
- I have health problems and questions that we need to discuss.
- I get chilly when I have dental work done; I would like access to a blanket.
- I would like access to a pillow for neck and/or lower back support while in the dental chair.

This is a “Handle me with Care” partnership. Now that you understand the importance of communicating all your fears and any issues of embarrassment and trust, let us look at making a “Handle me with Care Pact” between you and your dental team.

The Pact: Our team will honestly inform you of all your dental problems. We will make you aware of the best quality dentistry available today. Then we can discuss how you can make healthy choices that will work within your budget. We will offer you all the pain relief options which are available to you in our dental office, inform you how each dental procedure will work, and how much of your time will be required. When the team at Dr. Andrea Stevens Dentistry recommends any treatment they will always inform you of all treatment options available and allow you to make a decision which makes you feel comfortable.

Personal Information

Title:

First Name:

Last Name:

Phone Number:

Email Address:

Gender:

Date of Birth (dd/mm/yy):