

Brook West
Family Dentistry

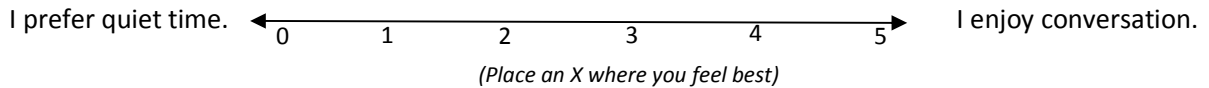


Everyone is different and that's okay!

Your experience at Brook West Family Dentistry is a top priority for us. That's why we want to know your preferences before your appointment begins. Please take a moment to share what would make you comfortable today and give this slip to one of our business assistants.

MY NAME: _____ **DATE:** _____

DURING MY APPOINTMENT:



CHECK YOUR PREFERENCE: We will make a note in your chart.

- I like watching/listening to television. My favorite channels are: _____
- I like watching television with the sound off. My favorite channels are: _____
- I would like to use headphones.
- I prefer listening to music. My favorite music types are: _____
- I would like to have no television or radio on during my appointment.
- I would like a neck roll to support my neck during my appointment.

Comments: _____

If you ever want to change your preferences, just fill out a new slip and give it to a business assistant.

Entered in chart by: _____