

Patient Name: _____

At Long Family Dental, your comfort is very important to us!
Please tell us your likes & interests:

Nitrous Oxide (laughing gas) Yes No

Blanket Yes No

Pillow Yes No

Hot Towel Yes No

TV Yes No

Favorite Channels _____

Netflix Yes No

X Box Yes No

Trivia Sports Action/Adventure (please circle)

Music Yes No

Favorite Stations _____

Are you interested in discussing?

Oral Sedation Yes No

IV Sedation Yes No

At Home Whitening Yes No

Cosmetic Dentistry Yes No