Comfort Menu

Name:_____ Date:_____

Refreshments: Water Coffee Tea Hot Chocolate Juice None

_____

Blanket Yes / No

Pillow Yes / No

Fresh Baked Cookies Yes / No

Lip Balm Yes / No

Warm Towel Yes / No

Rubber Bite Block Yes / No

Topical Anesthetic Yes / No

Tylenol Yes / No

Motrin Yes / No

Preference for your regular cleanings: Gentle / more thorough(rougher)

Do you like the: Ultrasonic scaler or Hand scaling

***Nitrous Oxide Yes / No *For an additional charge**

***Oral Sedation Yes / No *For an additional charge**

Comments: _____

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