

PATIENT SPECIAL REQUEST FORM

Part of our mission here at the Cameron Village Dentist is to deliver exceptional customer service and patient care. In doing so, we want to know what we can do to enhance the quality and comfort of your experience here at the practice. Please let us know if you have any special requests for your visit by indicating below. We are currently using only fluoride-free products.

Name of Patient: _____ Date of Visit: _____

I would like to make the following requests:

- None
- Please provide me with a free cosmetic consultation
- Please be careful when laying me back in the chair
- I would rather not use a bite block during treatment
- I do not like to see needles
- Please utilize gluten-free products
- Please speak with me about removing my amalgam (metal) fillings
- I would like to share a previously bad dental experience:

- Other special requests:
