



COMFORT MENU

Name: _____ Date: _____

Your comfort is important to us. Our goal is to delivery extraordinary dentistry in a comfortable caring environment.

What do you prefer?

During your appointments:

Neck Pillow Blanket Music T.V

Preferred form to contact you:

Cell Email Home Number Work number Text
Email Address: _____

Sedation Preference:

N2O(Laughing Gas) Oral Sedation (pill) Twilight Sleep
 Deep Sedation Hospital Sedation

Appointment Preference (Availability)

A.M P.M Mid- day

Music Preference:

Country Rock Jazz Oldies R&B Classical
 Classic Rock Alternative HitList 70's 80's
 90's Pop Latino Gospel Rap Kidz Only

Cable Preference

ESPN Comedy Central Lifetime Disney CNN
 CSPAN BET News Discovery Food Network
 Animal Planet Travel Channel

We also have a selection of DVD movies you can enjoy during your visit!!!

Comedy Drama Action Romance SCI- FI Musical