

**AZLE DENTAL CARE  
A. BROOKE PORTER, D.D.S.**

912 Boyd Road  
Azle, Texas 76020  
(817) 444-1763

**PLEASE HANDLE ME WITH CARE**

**Name:** \_\_\_\_\_

**Put a checkmark in the box next to the statement that concerns or describes you.  
Please bring this form along with you to your dental appointment.**

**I gag easily**

**I feel out of control while lying down in the dental chair**

**I have not been to a dentist for a long time and I am worried about what you will tell me about my teeth and my dental hygiene**

**I am embarrassed about the way my teeth look**

**I have had a bad dental experience and have a lot of fear which has kept me from getting the dental care I need**

**I am very apprehensive about the possibility of experiencing any pain. Therefore pain is a top priority for me**

**Please tell me what I need to know about my mouth so I can make informed decisions**

**I want to be able to ask as many questions as necessary so that I understand why and what treatment is being recommended for me**

**I have difficulty listening and remembering when I am in the dental chair**

**I would like to see pictures and videos that will help me understand my dental problems and their solutions**

