

**Brook West**  
Family Dentistry



**Everyone is different and that's okay!**

Your experience at Brook West Family Dentistry is a top priority for us. That's why we want to know your preferences before your appointment begins. Please take a moment to share what would make you comfortable today and give this slip to one of our business assistants.

**MY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DURING MY APPOINTMENT:**

I prefer quiet time. ← 0 1 2 3 4 5 → I enjoy conversation.

(Place a mark where you feel best)

**CHECK YOUR PREFERENCE:** We will make a note in your chart.

- I like watching/listening to television. My favorite channels are: \_\_\_\_\_
- I like watching television with the sound off. My favorite channels are: \_\_\_\_\_
- I would like to use headphones.
- I prefer listening to music. My favorite music types are: \_\_\_\_\_
- I would like to have no television or radio on during my appointment.
- I would like a neck roll to support my neck during my appointment.

Comments: \_\_\_\_\_

*If you ever want to change your preferences, just fill out a new slip and give it to a business assistant.*