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### **Please Handle Me With Care**

We are committed to taking the time to get to know you, discuss your concerns, your fears and your dental expectations. Please check off your appropriate responses below and bring it with you on your first visit.

- Novocain does not work well with me**
- I gag easily**
- I need to be in control when I'm lying in the dental chair**
- I have not been to the dentist for a long time, and I feel uncomfortable about what you will say about my teeth and dental hygiene**
- Pain relief is a top priority for me**
- I don't like shots (or I've had a bad reaction to shots)**
- Please tell me what I need to know about my mouth in order to make an informed decision**
- My teeth are very sensitive**
- I don't like the sound of the tool that makes picking and scraping noise**
- I don't like cotton in my mouth**
- I hate the noise of the drill**
- Please respect my time. I don't want to be left sitting.**
- I want to know the cost up front. No money surprises please.**
- I have difficulty listening and remembering what I hear when sitting in a dental chair**
- I have health problems and questions that we need to discuss**
- I tend to look at the details instead of the big picture**
- I prefer long-lasting solutions which may initially cost more over lower cost temporary solutions**
- I prefer to talk to Dr. Lambert in technical rather than non-technical terms**
- I like to be presented with the best treatment option versus having multiple compromised options**
- I rely on professional maintenance rather than self-maintenance**

\_\_\_\_\_ **I determine the extent of my treatment rather than relying largely on my dental insurance**

\_\_\_\_\_ **I usually see no reason to delay care and will not wait until I must act**

**In weighing my dental health decisions, I rank 1 to 5:**

\_\_\_\_\_ **Physical Discomfort**

\_\_\_\_\_ **Money**

\_\_\_\_\_ **Fear/Anxiety**

\_\_\_\_\_ **Personal Effort**

\_\_\_\_\_ **Time**

**In order of importance, I generally consider the following benefits ranked 1 to 7:**

\_\_\_\_\_ **Comfort**

\_\_\_\_\_ **Precision**

\_\_\_\_\_ **Function**

\_\_\_\_\_ **Peace of mind**

\_\_\_\_\_ **Health**

\_\_\_\_\_ **Durability**

\_\_\_\_\_ **Appearance**

**Please tell us about any past bad dental experiences:**

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**Why are you consulting us rather than your previous dentist?**

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**Is there anything else we can do to make your visit more comfortable?**

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