



PATIENT SPECIAL REQUEST FORM

Part of our mission here at Wilmington Holistic Dentistry 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.

Name of Patient: _____ Date of Visit: _____

I would like to make the following are requests:

- Please be careful when laying me back in the chair
- Please do not put fluoride on my teeth
- 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 (mercury) fillings
- I would like to share a previously bad dental experience:

- Other special requests:
