

OLIVER
DENTAL IMPLANTS
The Confident Solution.

W. Laurence Oliver, D.D.S.
Diplomate, American Board of Special Care Dentistry
5005 Heritage Ave., Suite 100 • Colleyville, TX 76034 • 682-738-3029 • fax
www.oliverdentalimplants.com

**CAN YOU TELL US HOW ANXIOUS YOU GET, IF AT ALL,
WITH YOUR DENTAL VISIT?**

PLEASE INDICATE BY INSERTING 'X' IN THE APPROPRIATE BOX

1. If you went in for IMPLANT SURGERY TOMORROW, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

3. If you were about to have a TOOTH DRILLED, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

4. If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

**5. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above
an upper back tooth, how would you feel?**

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

6. FEMALE ONLY: Are you Pregnant YES: _____ NO: _____

Patient Name: _____ **Patient Age:** _____ **Patient Weight:** _____

DATE: _____

TOTAL SCORE _____