NEW YORK SMILE INSTITUTE

AESTHETIC & IMPLANT DENTISTRY



Our desire is to treat you with the highest care and service possible. We want you to know that on the day of your appointment, \underline{YOU} are the most important person in our practice. Please help us by selecting your preferences from our Comfort List. The Comfort List will be a permanent part of your record and we will try to have all of the right amenities available when you arrive.

Please Check Items You Prefer:

Cozy Blanket
Aroma Therapy Candles
Neck Pillow
Nitrous Oxide (Laughing Gas)
NYSI SMILE Lip Balm
SPA Hand Mitts Treatment

Preference of Beverage

Apple Juice Orange Juice SMILE WaterTM Protein Shake (All Flavors) Club Soda, Ginger Ale Coconut Water

Music Headsets

CD Player IPOD Television (Time Warner Cable) Movies (Latest Releases) Internet Radio

Accommodations

Someone will be picking me up after my procedure.

Out-of-Town Patients

Parking Garage Car Service

*We recommend that you have a light meal before your procedure.

*Are you going to work after your procedure? Yes or No

*Do you need doctor letter for work? Yes or No