

## Do You Have Any of the Following Symptoms?

•	outh and jaw joints. Please note,	portant to ma	
	aw joint.	, all New Pati	ake an appointment with one of our dentists ient Experience appointments include a
Tick any of the syn	nptoms you have:		
□ Hea	daches		Difficulty Chaving
□ Lim	ited Mouth Opening		Difficulty Chewing  Postural Problems
□ Ear	Congestion		Paresthesia of Fingertips (Tingling)
□ Ver	igo (Dizziness)		Thermal Sensitivity (Hot or Cold)
□ Tinr	nitus (Ringing in the Ears)		Trigeminal Neuralgia
□ Dys	phagia (Difficulty Swallowing)		Bell's Palsy
□ Loo	se Teeth		Nervousness/Insomnia
□ Clei	nching/Grinding		Speech Abnormalities
□ Fac	ial Pain		Chipped Front Teeth
	der, Sensitive Teeth cussion)		Loss of Back Teeth