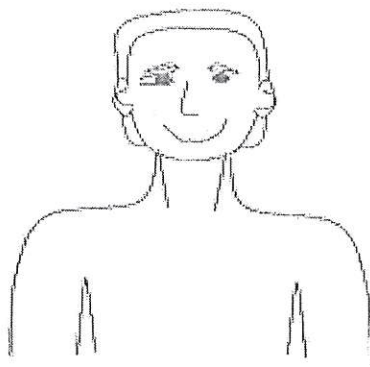




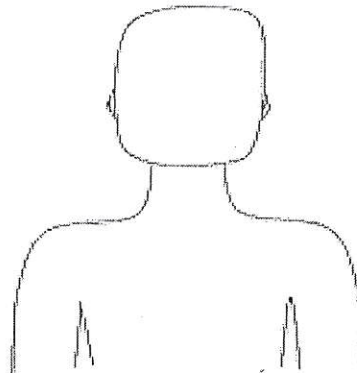
GREGORY ABATE DDS

Aesthetic and Preventive Dentistry

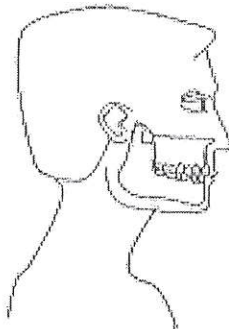
Pain Map : Mark areas where you are experiencing discomfort



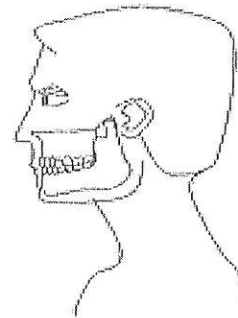
Front



Back



Right side



Left side

Do you Experience any of the following (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Clicking/popping of jaw joint | <input type="checkbox"/> Arm and/or finger numbness and/or pain |
| <input type="checkbox"/> Head pain | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> "Migraine" type headaches | <input type="checkbox"/> Clenching or grinding of teeth |
| <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Can't find 'the bite' |
| <input type="checkbox"/> Vertigo or dizziness | <input type="checkbox"/> Limited opening of mouth |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Pain behind the |