

55 Vilcom Center Drive Suite 55 Chapel Hill, NC 27514

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Patient First Name*

Patient Last Name*

Parent / Guardian Name

Patient Date Of Birth*

Patient Phone*

Patient Email*

Provider's Name*

Office Email*

PEDIATRIC:

- Night Sweats
- Snores
- Bed Wetting
- Mouth Breathing
- Night Terrors
- Restless
- Hyperactive
- Crowded Teeth
- Grinds Teeth
- Irritable
- Speech
- Underdeveloped Maxilla
- Underdeveloped Mandible
- Tongue or Lip Tie
- OTHER _____

ADULT:

- Snoring
- Jaw Pain
- Facial Pain
- Headaches
- Daytime Sleepiness
- Voiding at Night (Nocturne)
- Insomnia
- Non-Restorative Sleep
- Difficulty Focusing
- Anxiety/Depression
- Clenching or Grinding
- Difficulty Opening
- Restricted or Scalloped Tongue
- Ear Pain
- Jaw Locking
- Malrelated Arches
- OTHER _____