

Heritage Lake Dental

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NAME _____ DATE _____

DO YOU HAVE ?

PLEASE TAKE A MOMENT TO CHECK OFF ANY SYMPTOMS YOU
HAVE NOW:

UNEXPLAINED HEADACHES

EARACHES, STUFFINESS OR RINGING IN THE EARS

PAIN BEHIND THE EARS

DIZZINESS

LIMITED MOUTH OPENING

NECK, SHOULDER, BACK PAIN OR STIFFNESS

DAYTIME FATIGUE

TIRED AND IRRITABLE IN THE MORNING

DIFFICULTY CONCENTRATING/LEARNING

SNORING

DOES YOUR JAW CATCH, LOCK OR CLICK

DO YOU CLENCH OR GRIND YOUR TEETH AT NIGHT

DID YOU KNOW THAT OUR OFFICE IS QUALIFIED AND
SPECIALLY TRAINED TO HELP IMPROVE THESE SYMPTOMS?

***** WE ARE HERE TO HELP YOU *****