

Name: _____

Date: _____

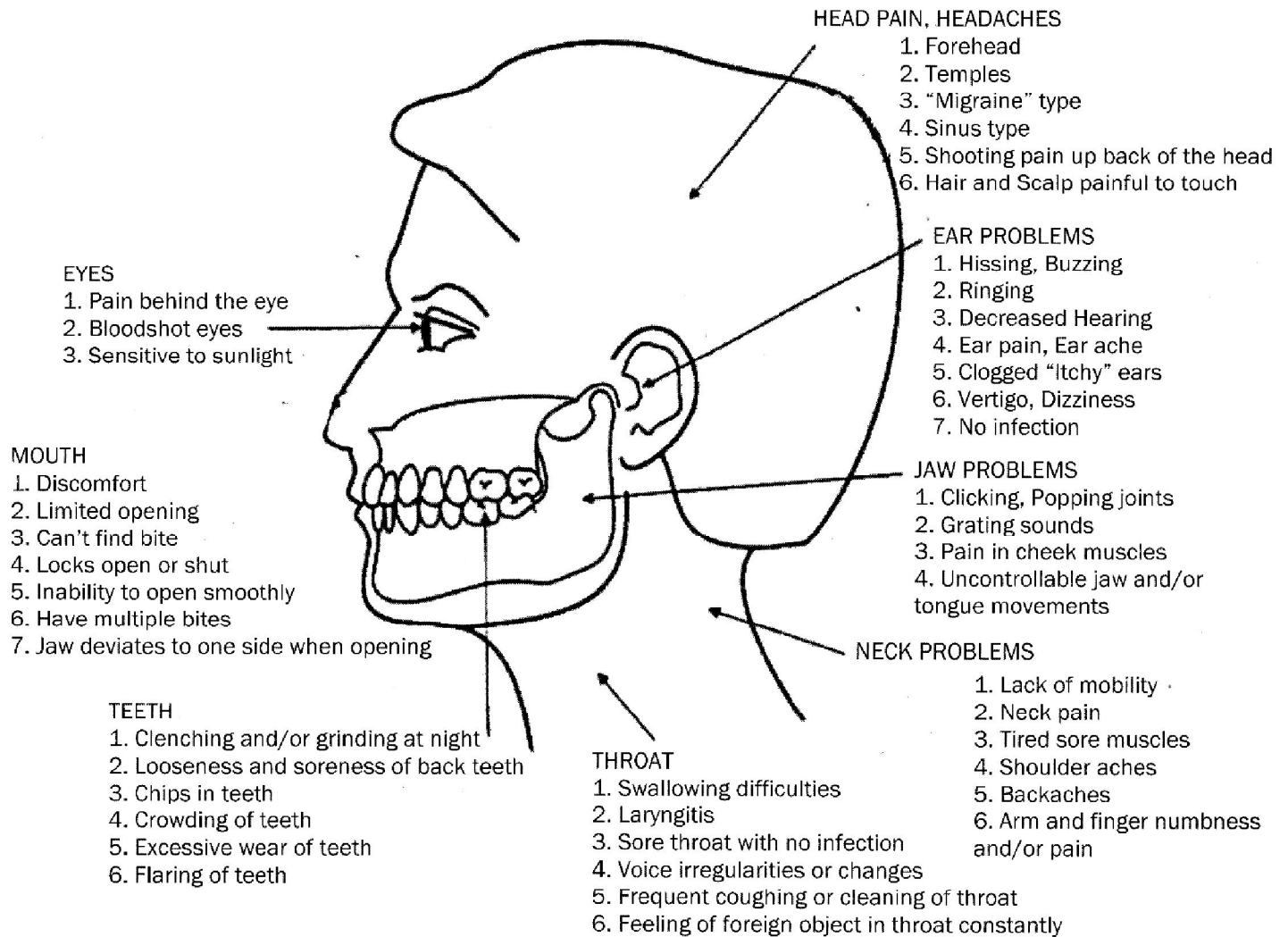


REECE & JOUETT

EXCEPTIONAL DENTISTRY

Symptoms of Craniomandibular Disfunction

Circle any Symptom you have experienced. If necessary, circle the part on the photo or give any additional information below.



Additional Information: