



NORTHERN SMILES

Myofunctional Therapy LLC
Carie Satterburg, OMT

NAME:	DOB:
EMAIL:	PHONE:
REFERRED BY:	DATE:

- | | |
|--|---|
| ☐ Snoring/Sleep Apnea | ☐ Bite/Occlusion |
| ☐ Clenching/Grinding | ☐ Tongue Tie |
| ☐ Mouth Breathing | ☐ Jaw Pain/Dysfunction |
| ☐ TMJD | ☐ Tongue Thrust |
| ☐ Allergies/Congestion | ☐ Pre/Post-op Therapy |
| ☐ GERD/Digestive Issues | ☐ Habit Elimination |

NOTES:

(920) 655-3057 (call or text)



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