

Patient request for
The Niemtzow Dry
Mouth Treatment
Sponsored funding



Your name _____

Your full address: _____

Your contact telephone number: _____ mobile: _____

Your contact email address: _____

Do you know the cause of your
Dry Mouth condition, if Yes please
Explain here

How long have you had the condition _____Year's _____Month's

Would you like to be treated Home / Dental surgery / Office

Please provide treatment address _____

If treatment is at your Dental Surgery have you notified your Dental surgeon and do they accept
Your preference to be treated at their surgery yes / no

Please provide dates of when you would like to be treated

_____day _____month _____year _____time

Please note that only 2 treatments are required to attempt and succeed in the treatment that we offer
and these treatments must be on consecutive days at the same time. Please also note the conditions
of pre treatment protocol required prior to undertaking your treatment.

Are you employed Yes / No

Are you receiving state
Benefits Yes / No

Please outline these benefits

Do you rent or own your home Own / Rent

