

**Patient request for The Niemtzw Dry Mouth Treatment**



Patient name

\_\_\_\_\_

Patient address:

\_\_\_\_\_

contact telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Contact email address: \_\_\_\_\_

State the cause of your Dry Mouth condition:

How long have you had Dry Mouth \_\_\_\_\_ Year's \_\_\_\_\_ Month's

Your treatment will take place at one of two treatment centres that we have in Essex.

Please provide your preferred first date of treatment.

\_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ time

2 treatments are required both of which must be carried out on consecutive days at the same time.

We will notify you of the availability of a practitioner for your selected date or advise you of an alternative date.

The cost of your treatment is £300.00. If you cancel 7 days prior to treatment you will get a 100% refund. If you cancel within 7 days you are entitled to a 25% refund. Please enclose your payment for treatment made payable to "Dry Mouth Foundation" Please refer to our website for details of the protocol, this will inform you of the treatment, expected outcome and after care.

Please refrain from eating or drinking a minimum of 1 hour prior to treatment. You will be required to dissolve sugar free mints as part of the treatment. Treatment will take approximately 1hour 20mins, and whilst every effort is made by the practitioner to accomplish successful treatment this cannot be guaranteed. Please advise the practitioner prior to treatment if for any reason you are unable to take sugar free mints such as polo's which will be used during your treatment.

Please PRINT YOUR NAME HERE \_\_\_\_\_

Please sign your application here \_\_\_\_\_

Date of application \_\_\_\_\_

**Please return this application and your payment to:**

The Dry Mouth Foundation. Monometer house. Rectory Grove, Leigh-on-Sea, Essex, SS9 2HN