

Biological Dental Wellness Checklist:

PATIENT _____ DATE _____

+NAME OF YOUR HOLISTIC MEDICAL PROVIDER IF ANY? PLEASE ADD ADDRESS, PHONE, EMAIL, CURRENT WELLNESS PLAN AND DATE OF MOST RECENT VISIT.

+WHEN WAS YOUR MOST RECENT BASELINE BLOODWORK?

+DO YOU HAVE MEDICALLY CONFIRMED HEAVY METAL TOXICITY OR SENSITIVITIES? WHAT ARE THEY?

+DO YOU HAVE A CURRENT CHRONIC OR ACUTE ORAL INFECTION UNTREATED?

+DO YOU HAVE MERCURY METAL IN YOUR MOUTH?

+WHAT MATERIALS/CHEMICALS DO YOU AVOID IN YOUR LIFE? HOW DOES THIS HELP YOU?

+WHAT SPECIFIC DIAGNOSED FOOD OR MATERIAL SENSITIVITIES DO YOU HAVE? WHO DIAGNOSED THOSE AND WHEN WAS THE TEST PERFORMED?

+DOES YOUR ORAL CONDITION REFLECT THE WELLNESS YOU DESIRE?

+WHAT PROFESSIONAL CARE HAVE YOU CONSISTENTLY SOUGHT TO ACHIEVE THE WELLNESS YOU DESIRE?

+ARE YOU COMMITTED TO SAVING YOUR TEETH AND REMOVING INFECTION FROM YOUR MOUTH? TELL US MORE.