Addressing Parafunction Using the Parafunction Risk Rating (PRR)

4-week QuickSplint Trial – Follow-up Evaluation and Patient Acknowledgment

Patient Name _____

Birth Date _____

We provided you with a QuickSplint to wear overnight for a period of _____ days.

Before trying the QuickSplint, you initially assigned yourself a risk rating of _____

Based on my evaluation and your discussion, we are assigning a risk rating of _____

PRR-1 LOW RISK	PRR-2 MEDIUM RISK	PRR-3 HIGH RISK	PRR-4 VERY HIGH

My treatment and/or monitoring recommendations are the following:

PATIENT ACKNOWLEDGEMENT & INFORMED CONSENT

I understand my risk for parafunction based on this assessment, and understand the recommendations for treatment explained to me by my doctor.

Patient signature _____ Date _____

Orofacial Therapeutics