Addressing Parafunction Using the Parafunction Risk Rating™ (PRR)

Four-week QuickSplint® Trial – Follow-Up Evaluation

Patient Name _____

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 _____

My treatment and/or monitoring recommendations are the following: