Dry Mouth / Xerostomia

Patient: _____ Date: _____

STARTING TREATMENT PLAN

6–10 visits

weekly

A preliminary care estimate—not an average time to heal or a guarantee.

WHAT TO EXPECT

Possible improvements in mouth comfort; effects vary and may need maintenance.

AFTER YOUR TREATMENT

Use clinician-approved saliva and hydration strategies; maintain dental care.

WE WILL TRACK

Dryness, swallowing, eating and nighttime waking.

AFTER 2–4 TREATMENTS

We will review your response and daily function, then refine your timeline, visit frequency and next steps.

WHEN TO SEEK MEDICAL HELP

Mouth sores with fever, swallowing trouble or dehydration warrant prompt care.

YOUR GOALS & FOLLOW-UP

Goal 1: _____

Goal 2: _____

Review at visit: Updated schedule: _____

Acupuncture supports care but does not replace medical diagnosis, essential treatment or emergency care. Results vary.