MARCEL®
OMR THERAPY
RESTORE • RECOVER • RENEW

MY RECOVERY JOURNEY

PATIENT DETAILS

Name : _____

Town / City : _____

State : _____

Mobile No. : _____

3-WEEK PROGRESS TRACKER

HOW TO USE

Once every week, simply circle one number that best describes your progress.

0	1	2	3	4
No Improvement	Slight	Better	Good	Almost Normal

MY RECOVERY PROGRESS

Recovery Area	Week 1	Week 2	Week 3
Burning while eating spicy food	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Mouth feels less tight	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Eating food is more comfortable	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

Circle one number for each recovery area every week.

MY MOUTH OPRNING PROGRESS

Measurement	1 Finger	2 Fingers	3 Fingers	4 Fingers
Finger Opening (Reference Guide) Record the maximum number of fingers that comfortably fit between your upper and lower front teeth.				

	Before Therapy	Week 1	Week 2	Week 3
Finger Opening (Enter 0,1,2,3 or 4)				
Millimetres (MM) (if measured)				

How to use : Use your own fingers. Keep them vertical and together.
Net : Do not force. Measure only comfortable opening.

My Recovery Checklist	Week 1	Week 2	Week 3
Used MARCEL OMR Therapy™ regularly	☐	☐	☐
Performed mouth opening exercises daily.	☐	☐	☐
Avoided Gutkha, Pan Masala, Tobacco & Supari.	☐	☐	☐

WEEKLY FOLLOW-UP

Need guidance with your recovery ?

At the end of each week, simply take a clear photo of this completed tracker and share it on **WhatsApp** with your MARCEL Oral Expert.

99093 29920

Our team will review your progress and guide you on the next steps in your recovery journey.

OVERALL MY RECOVERY

After completing 3 weeks, circle one number.

0	1	2	3	4
No Improvement	Slight	Better	Good	Almost Normal

EVERY SMALL STEP COUNTS. STAY CONSISTENT - YOUR RECOVERY IS PROGRESSING ONE WEEK AT A TIME.