

HEADACHES • FACIAL PAIN • NECK PAIN • TMJ DISORDERS • SLEEP APNEA

Introducing: _____ Referral Date: _____

Referring Doctor: _____

Doctor's Phone: _____ Doctor's Fax: _____

Patient's Phone: _____ Please call patient to schedule appointment
 Patient will call to schedule their appointment

Signs & Symptoms

- Earaches, Fullness or Ringing
- Clicking or Grating Sounds in TMJ
- Pain or Soreness in TMJ
- Locked Jaw
- Neck, Shoulder, Back Pain or Stiffness
- Difficulty Swallowing

- Dizziness / Vertigo
- Headaches
- Pain behind Eyes
- Unexplained Teeth or Facial Pain
- Limited Mouth Opening
- Other _____

Sleep Apnea / Snoring

Evaluate for Oral Appliance Therapy Teeth Grinding

Note to Referring Dentist.
If you have one available, please email or provide your patient with the latest copy of their Panoramic x-ray.

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