



CENTER FOR TMJ
& SLEEP DISORDERS, LLC

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Diplomate, American Board of Dental Sleep Medicine
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Referral Date:

Referring Practice & Doctor Name:

Patient Name:

DOB:

Phone Number:

Email:

Evaluation & Treatment: TMJ Dysfunction Sleep Disordered Breathing Other

Please check all applicable patient symptoms and provide any relevant details to help us deliver the best possible care:

Headaches/Migraines

Clicking/Grating Sounds in TM Joint

Ear Pain/Fullness/Ringing

Jaw Locking/Catching

Pain/Pressure Behind Eyes

Pain When Chewing

Facial Pain

Limited Mouth Opening

Neck, Back, Shoulder Pain or Stiffness

History or Tooth Fractures

Vertigo/Dizziness

CPAP Intolerance

TM Joint Pain/Soreness

Disturbed, Restless Sleeping

Comments:

Please send this completed form to txcoordinator@ptd.net

Center for TMJ & Sleep Disorders, LLC

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