TMJ|312
TMD & OROFACIAL PAIN

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Introducing:______________________________ Date: ______________

Referred by Doctor: ______________________________

Referring Doctor Phone: ______________________________

Referring Doctor Email: ______________________________

Chief Concerns

- ☐ TMJ Pain
- ☐ Refractory Toothaches
- ☐ Neck Aches
- ☐ Facial Pain
- ☐ Limited Opening
- ☐ Clicking of Joints
- ☐ Muscles Soreness
- ☐ Uncomfortable Bite
- ☐ Emergency Visit
- ☐ Other:______________________________

Notes

Please call to arrange an examination to evaluate this problem ______________________________

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Special Instructions:

1)______________________________

2)______________________________

3)______________________________

4)______________________________

5)______________________________

Requests

- ☐ Only clinical evaluation at this time
- ☐ Phone call
- ☐ Use your discretion in diagnosing this patient
- ☐ Report
- ☐ Diagnosis and treatment
- ☐ Report and copy of record