



CPAP Alternatives • Snoring • TMJ Pain

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REFERRAL FOR TMJ DISORDERS AND FACIAL PAIN

Patient: _____ DOB _____ Today's Date _____

Referring Doctor: _____ NPI# _____

Doctor's Phone: _____ Doctor's FAX: _____

Patient's Phone: _____ Best Time/Day to Contact? _____

SIGNS AND SYMPTOMS (please check ALL that apply):

- Earaches, Fullness or Ringing in Ears.
- Clicking or Grating Sounds in TMJ Area (directly in front of ear canal opening).
- Pain or Soreness in TMJ Area (directly in front of ear canal opening).
- Jaw Locked Open (Unable to Close Fully).
- Jaw Locked Closed (Limited Ability to Open).
- Neck, Shoulder, Back Pain or Stiffness. _____
- Headaches. _____
- Teeth Grinding/Clenching. _____
- Unexplained Teeth or Facial Pain. _____
- Dizziness/Vertigo. _____
- Pain Behind Eyes. _____
- Patient Has Been Previously Diagnosed with Sleep Apnea. _____
- Other. _____
- IMAGING/RADIOGRAPHIC STUDIES AVAILABLE:** Panoramic radiograph, MRI or CBCT study of the head and neck area. Please contact our office for instructions on how to email it to our office using our HIPAA-compliant email system, and include any radiologist's reports.