



1401 Hospital Drive Suite 102

Hurricane WV 25526

P. (304) 757-7428 E. (304) 757-3535

## PATIENT REFERRAL

Introducing: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

**PLEASE BRING THIS FORM TO YOUR APPOINTMENT.**

Please call (304) 757-7428 to schedule your patient's appointment.

*This patient is being referred for an evaluation of the following TMJ/Cranial facial pain symptoms:*

- Clicking or grating sounds in the jaw joints
- Headaches
- Facial pain
- Limited movement or locking jaw
- Neck, shoulder or back pain
- Numbness in fingers and arms
- Grinding or clenching of teeth
- Ringing or stuffiness in ears
- Other: \_\_\_\_\_

*This patient is being referred for an evaluation of sleep disorder symptoms:*

- CPAP intolerant
- Loud, disruptive snoring
- Bruxism or tooth grinding
- Restless sleep
- Excessive daytime sleepiness
- Insomnia
- Morning grogginess and headaches
- Stop breathing during sleep
- Gasping or choking for air during sleep

Comments: \_\_\_\_\_

Please call me before proceeding with treatment.       I have sent radiographs for your evaluation.

Referring Dr.: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dr. Phone #: \_\_\_\_\_