

Maryland Center for TMJ & Facial Pain

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Introducing Patient:	Referral Date:
Referring Doctor:	Doctor's Email:
Doctor's Telephone:	Doctor's Fax:
Patient Telephone:	
Evaluate for Oral Appliance Therapy Please include the most recent sleep study if available.	al Sleep Medicine) until symptoms are resolved. We are committed to managing the patient's long-term ment process.
TMJ / Facial	l Pain Signs & Symptoms
Clicking or Grating Sounds in TM Joint	Earaches, Stuffiness, or Ringing
Pain or Soreness in TM Joints	Pain Behind Eyes
Locking Jaw (Opened or Closed)	Dizziness / Vertigo
Unexplained Teeth or Facial Pain	Limited Mouth Opening
Difficulty Swallowing	Bite changes
Other:	

Thank you for your referral.