



101 N Pointe Blvd, Suite 201
Lancaster, PA 17601
Phone: (717)581-0123 Fax: (717)581-0126

REFERRAL FORM

Patient Name: _____ Phone: _____

Referring Specialist: _____ Phone: _____

Date: _____

Please Evaluate For:

- Facial Pain
- Ear Pain
- TMJ Pain
- Dental/ Tooth Pain
- Headaches
- Locked/ Stiff Jaw
- Jaw Popping/Clicking
- Limited Movement/Opening
- Other

Patient Has History Of:

- TMJ Surgery
- Trauma To Head Or Neck
- Extensive Dental Work
- Facial Surgery
- TMJ Appliance
- Bruxism

Notes: _____
