



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: _____

