



**ADVANCED
TMJ MAXILLOFACIAL PAIN
& SLEEP CENTER**

TMJ | HEADACHE | FACIAL PAIN | SLEEP APNEA

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📍 509 Olive Way Ste 618
Seattle WA 98101

PATIENT REFERRAL

Date: / /

PATIENT INFORMATION :

Full Name:
Date of Birth:
Phone Number:
Email ID:

REFERRING DOCTOR'S INFORMATION:

Doctor's Name:
Doctor's Phone: Doctor's Fax:
Doctor's Email:

Would you like us to send a note after our initial evaluation? ☐ Not Necessary ☐ Yes

CONSULTATION FOR:

- | | |
|---|---|
| <input type="radio"/> TMJ Pain / Noises | <input type="radio"/> Sleep Apnea/ Snoring |
| <input type="radio"/> Jaw Pain/ Stiffness | <input type="radio"/> Headache |
| <input type="radio"/> Locked Jaw | <input type="radio"/> Swallowing Pain |
| <input type="radio"/> Persistent Tooth/ Oral Pain | <input type="radio"/> Neck/ Back Pain |
| <input type="radio"/> Facial Pain | <input type="radio"/> Pain Behind Eyes |
| <input type="radio"/> Ear Pain/ Fullness | <input type="radio"/> Dizziness/ Vertigo |
| <input type="radio"/> Bruxism/ Clenching | <input type="radio"/> Others (Please Explain Below) |

COMMENTS: Please Attach Relevant Clinical Notes and Radiographs, If Available

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Dear Doctors & Healthcare Professionals,

Thank you for your referral. Please feel free to reach out to us to discuss any pertinent details about this case. You can also set up time using Dr. Chandrashekhar's calendar link available is on our website- www.advancedtmjsleep.com.

Dr. Hemamalini Chandrashekhar
BDS, MDS (OMFS), MDSc.

*Board-certified in Orofacial Pain
Oral & Maxillofacial Surgeon (IN)
AADSM Qualified Dentist*