



**ADVANCED
TMJ MAXILLOFACIAL PAIN
& SLEEP CENTER**

TMJ | HEADACHE | FACIAL PAIN | SLEEP APNEA

-  (206) 880 0119
-  (888) 830 6339 (FAX)
-  www.advancedtmjsleep.com
-  info@advancedtmjsleep.com
-  509 Olive Way Ste 618
Seattle WA 98101

PATIENT REFERRAL

Date: / /

PATIENT INFORMATION :

Full Name:

Date of Birth:

Phone Number:

Email Address:

REFERRING DOCTOR'S INFORMATION:

Doctor's Name:

Office Phone: Office Fax:

Email Address:

CONSULTATION FOR:

- | | | |
|--|--|---|
| <input type="radio"/> Jaw Pain | <input type="radio"/> Persistent Dental pain | <input type="radio"/> Sleep Apnea Screening |
| <input type="radio"/> Bite changes | <input type="radio"/> Post Traumatic injury pain | <input type="radio"/> Benign Snoring |
| <input type="radio"/> Locked Jaw | <input type="radio"/> Facial Pain | <input type="radio"/> Mandibular Advancement Device |
| <input type="radio"/> Jaw stiffness | <input type="radio"/> Burning mouth syndrome | <input type="radio"/> Swallowing Pain |
| <input type="radio"/> Joint Clicks/ Crepitus | <input type="radio"/> Bruxism / Clenching | <input type="radio"/> Pain Behind Eyes |
| <input type="radio"/> Ear Pain/ Fullness | <input type="radio"/> Headache | <input type="radio"/> Dizziness/ Vertigo |
| <input type="radio"/> TMJ condylar changes | <input type="radio"/> Neck/ Back Pain | <input type="radio"/> Others (Please Explain Below) |

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

.....

.....

.....

.....

Dear Doctors & Healthcare Professionals,

Thank you for your referral. Please reach out to us to discuss any pertinent details about this case. You can also set up time using Dr. Chandrashekar's calendar link on our website.

Dr. Hemamalini Chandrashekar
BDS, MDS (OMFS), MDSc.
Oral & Maxillofacial Surgeon
American Board-certified in Orofacial Pain
Diplomate, American Board of Orofacial Pain
Diplomate, American Board of Dental Sleep Medicine