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www.BayAreaTMJandSleep.com

Patient Information

Fax Referral Form To: 813-200-3910

Patient Name: _____ DOB: _____
Address: _____
City, State: _____ Zip: _____
Home phone: () _____ Cell phone: () _____

Referred By

Referring Doctor (Print): _____ Date: _____
Office phone: () _____

TMJ and Craniofacial Pain (check all that apply)

Chronic Headaches, Migraines, Jaw (pain, soreness, tightness, fatigue), TMJ clicking or popping, TMJ intermittently locking, TMJ locked, Limited ability to (open) or (close), Otalgia (ear pain), Tinnitus, Ear stuffiness or fullness, TMJ exam prior to Comprehensive Restorative Treatment, TMJ exam prior to Orthodontic Treatment, Neck or shoulder pain, soreness, tightness, Atypical facial pain, Other: _____
We provide a wide variety of appliances, therapies, and treatments for patients suffering from TMJ, Craniofacial Pain, Chronic Headaches and/or Migraines. We have found that many patients with unresolved head, neck, and facial pain respond to conservative TMJ and/or craniofacial pain therapy.

Sleep Apnea / Snoring (check all that apply)

CPAP Intolerant, Declined CPAP, Snoring, Fatigue, Daytime Drowsiness / Sleepiness, Other: _____
Our treatments include the latest in FDA-approved oral orthotic appliance therapy (OAT) to keep the airway unobstructed during sleep. We are skilled in fitting and maintaining a wide variety of oral devices to reposition the mandible to provide positive airway space to limit apnea episodes and their related loss of sleep. This therapy has been very successful for patients with or without CPAP as they report fewer sleep interruptions, more restful nights and diminished daytime fatigue and improved health. We are able to provide an alternative to CPAP and surgery especially for patients who are CPAP Intolerant.

Additional Instructions: