



PLATINUM

SLEEP AND TMJ
DISORDERS CENTER

Patient Name		DOB		Date	
Patient Email			Patient Phone		
Referred By			Office Phone		
Office Email			Office Fax		

- | | | |
|---|--|--|
| <input type="checkbox"/> Myofascial Pain | <input type="checkbox"/> Neuralgia | <input type="checkbox"/> Headaches/Ear Pain |
| <input type="checkbox"/> Snoring/Sleep Apnea | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Open Lock |
| <input type="checkbox"/> Joint Noises | <input type="checkbox"/> Joint Pain/
Pain on Function | <input type="checkbox"/> Closed Lock/
Limited Mouth Opening |
| <input type="checkbox"/> Abnormal X-ray
Findings | <input type="checkbox"/> Bruxism/
Orofacial Dystonia | <input type="checkbox"/> Tooth Pain |
| <input type="checkbox"/> Facial Pain | | |

Comments

A letter detailing the findings on your patient will be sent to you after your patient is seen. Please make a special note if you would like a phone call regarding your patient. New patient evaluations are typically 90 minutes.

Tamara Sardar Alkaradaghi, BDS, MSc, PhD

DIPLOMATE, AMERICAN BOARD OF OROFACIAL PAIN



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