

Victor D. Woodlief, D.M.D.

Specializing in Dental Sleep Medicine
and TMJ Disorders

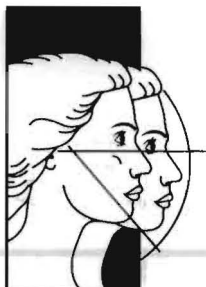
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(Toll Free) 1-855-TMJ-SLEEP

Patient: _____ Date: _____

Address: _____

Telephone: _____ Home _____ Work _____

Referred by: _____

Appointment: _____ Day _____ Date _____ Time _____

Primary Concerns

For patients with Head, Neck and Facial Pain Et Sleep Disordered Breathing/Apnea

- | | |
|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Locking jaw (open or closed) |
| <input type="checkbox"/> Earaches, stuffiness or ringing | <input type="checkbox"/> Facial or teeth pain |
| <input type="checkbox"/> Neck, shoulder, back pain or stiffness | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diffuculty sleeping |
| <input type="checkbox"/> Pain behind the eyes | <input type="checkbox"/> Daytime drowsiness |
| <input type="checkbox"/> Pain or soreness in TM joints | <input type="checkbox"/> Disturbed, restless sleeping |
| <input type="checkbox"/> Clicking or grating sounds in TM joints | <input type="checkbox"/> Requires sleeping aids |
| <input type="checkbox"/> Limited mouth opening | |

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TM and Sleep. We will be happy to assist you in diagnosis and/or treatment for possible Craniomandibular and Temporomandibular Disorders or Sleep Disordered Breathing/Apnea.

Comments: _____

Our office is contracted with several Medical PPO Plans.
Please provide a copy of your sleep study if available.

Office Copy - White Patient's Copy - Canary

Please mail or fax this copy back to Dr. Woodlief