

*Masterpiece Smiles*



The TMJ and Sleep Therapy  
Centre  
of St. Louis

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**Date:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

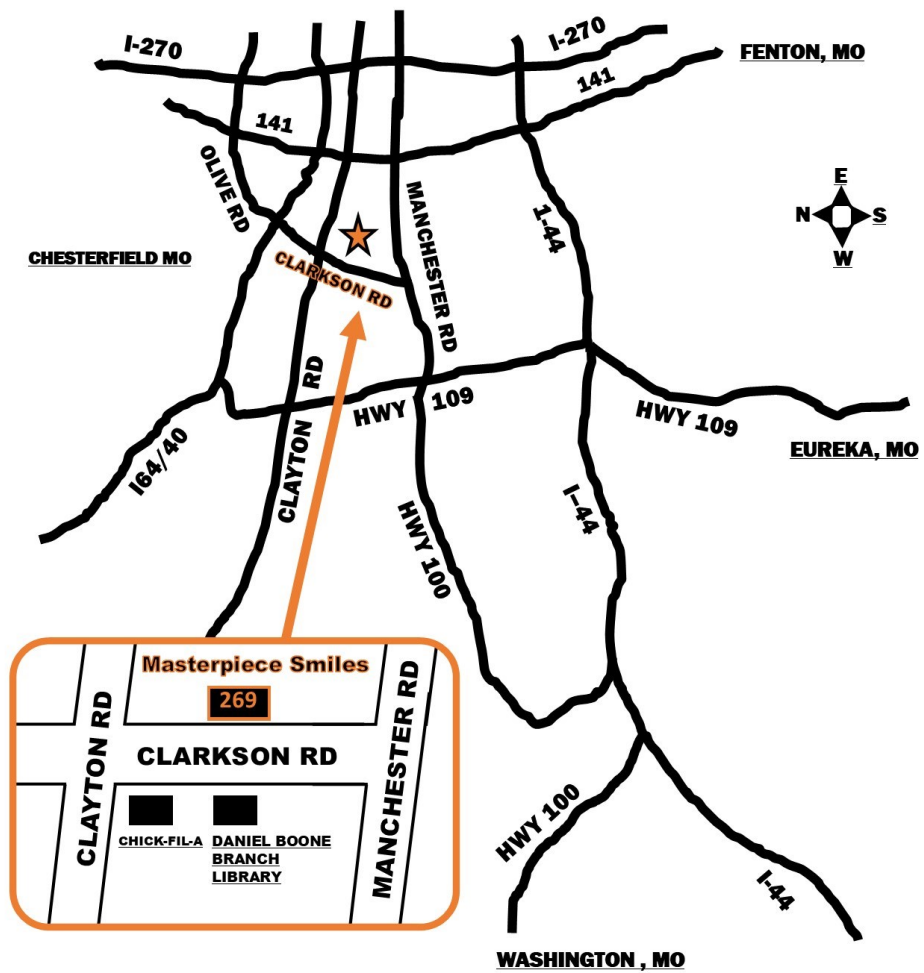
**Fax:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_ Exam \_\_\_ 2nd Opinion \_\_\_ Send Report \_\_\_ Call Me

**Reason(s) for Referral:**

- TMJ /TMD Evaluation
- TMJ/TMD Therapy with Day Orthotic & Night Sleep Appliance
- Clicking or Grating Sounds in the Jaw Joint (TMJ Noises/Slipped Disc Analysis)
- Jaw Locking (open or closed)
- Limited Mouth Opening
- Facial Pain or Jaw Pain
- Primary Headache or Migraine
- Nightlase for Snoring or Improving the Airway
- Disturbed, Restless Sleep
- Dental Sleep Appliance for Sleep Apnea
- Clenching /Grinding / Teeth Wear
- 3D CBCT Scan (TMJ/Airway/Sinuses Analysis)
- Airway Concerns or Evaluation
- Healing Laser Therapy/Bio stimulation for Muscle/Nerve Pain
- Reversal of Permanent Numbness with Prolozone and/or Laser Therapy
- Clear Aligner (Orthodontic) Expansion Technique
- Non-Cutting Laser Removal of Lip Hemangioma
- Other \_\_\_\_\_

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