



TMD PATIENT REFERRAL FORM

Patient Name: _____ Today's Date: _____

Patient Email: _____ DOB: _____ Phone: _____

Please check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Facial Pain | <input type="checkbox"/> TM Joint Click/Noise |
| <input type="checkbox"/> Pain/Pressure behind eyes | <input type="checkbox"/> Trigeminal Neuralgia | <input type="checkbox"/> TM Joint Pain |
| <input type="checkbox"/> Neck/Back Pain | <input type="checkbox"/> Pain When Chewing | <input type="checkbox"/> Jaw Locking/Catching |
| <input type="checkbox"/> Ear Pain | <input type="checkbox"/> Jaw Muscle Twitching | <input type="checkbox"/> Limited Mouth Opening
(Normal 45-52mm) |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Severe Teeth Wear | <input type="checkbox"/> Unexplained Tooth
Pain/Mobility |
| <input type="checkbox"/> Vertigo/dizziness | <input type="checkbox"/> Ear Congestion/Fullness | <input type="checkbox"/> Sudden Bite Change |
| <input type="checkbox"/> Car Accident (recent or past) | <input type="checkbox"/> Tinnitus/Ringing in Ears | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> History of tooth fractures | |

Past known TMJ/TMD Treatments: _____

X-Rays/CBCT: Being Mailed Given to Patient Please take Emailed to smiles@idaflorida.com

Do you have restorative plans for this patient? YES NO

Are we seeing the patient for TMD issues only or TMD and restorative dental procedures?

- TMD ONLY TMD and Restorative Dental Work

Other remarks: _____

- Have Dr. Benson call me before seeing the patient
- Please call the patient to schedule them in your office
- The patient will call your office to schedule their appointment

Doctor's Name: _____ Practice Name: _____

Phone Number: _____ Doctor's Email: _____

**Please fax the completed form to (941) 363-6393 or email it to Smiles@idaflorida.com
Please provide a copy of this form to the patient to bring with them to their appointment**

Dr. Melvin Benson Jr., DDS, FAGD
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