



TMJ DISORDERS | FACIAL PAIN | ORTHODONTICS
SNORING AND SLEEP APNEA FOR ADULTS AND CHILDREN

NAME _____

PLEASE EVALUATE FOR TREATMENT OF:

☐ TEMPOROMANDIBULAR DISORDER
(PAIN | NOISE | LOCKING)

☐ HEADACHES

☐ FACIAL PAIN

☐ SNORING

☐ SLEEP APNEA

☐ OTHER _____

REFERRED BY _____

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