



TMJ RELIEF 360

TMJ, SLEEP, AESTHETICS

DR. RAYMOND CARPENTER, DDS

Referral Form

Please complete and fax or email this form to our office. We appreciate your referral and will provide a comprehensive follow-up.

Referring Provider: _____

Office: _____

Phone: _____

Patient Name: _____

Patient Phone: _____

Primary Concern: _____

Please Evaluate:

Notes:

- TMJ Disorder
- Sleep Apnea or Snoring
- Clicking or Popping in Jaw
- Limited Mouth Opening
- Locking Jaw
- Pain with Chewing
- Orofacial Pain
- Grating Sound in Jaw
- Headaches or Migraines
- Earaches, stuffiness, or ringing in the ears

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