



## TMJ Patient Referral Form

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Female Male

PATIENT'S CHIEF COMPLAINT: \_\_\_\_\_

Your concern: \_\_\_\_\_

Current Medications for this condition?

Past known TMJ treatments: \_\_\_\_\_

X-rays:  Being mailed  given to patient  please take  e-mailed to manager@tmjtxas.com

Do you have restorative plans for this patient?  Yes  No

- Have the doctor call me before seeing patient
- You want us to call the patient for an appointment?
- Patient will call our office for an appointment.
- If you have any questions or concerns, please call. Thank you for trusting us with your patient.

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Note to the Patient .**

Dr. Katherine Phillips, D.D.S. is an Orofacial Pain specialist with over 12 years of experience in the treatment of TMJ, Headaches, Facial Pain & Dental Sleep concerns. Your health is our priority and we look forward to helping you improve your quality of life.

**You can learn more about Dr. Phillips on the web at – [www.tmjtxas.com](http://www.tmjtxas.com).**

1001 Medical Plaza Drive, Suite 200 The Woodlands, Texas 77380  
1.866.TMJ.TEXAS t 281.296.6797 p 281.296.6887 f  
[www.REstoreTMJSleepTherapy.com](http://www.REstoreTMJSleepTherapy.com) [www.TMJTexas.com](http://www.TMJTexas.com)