

SCREENING FORM

For Patients with Head, Neck and Facial Pain
& Sleep Disordered Breathing/Apnea

- Primary headaches or migraines
- Snoring/Sleep Apnea
- Disturbed, restless sleeping
- CPAP Intolerance
- Daytime drowsiness
- Attention deficit in children
- Earaches, stuffiness or ringing
- Neck, shoulder, back pain or stiffness
- Dizziness
- Pain or soreness in TM joints
- Clicking or grating sounds in TM joints
- Limited mouth opening
- Locking jaw (opened or closed)
- Facial or undiagnosed teeth pain
- Difficulty swallowing

When your patients experience one or more of these symptoms, they should have a thorough evaluation by a dentist trained in TM and Sleep. We will be happy to assist you in diagnosis and treatment for possible Craniomandibular, Temporomandibular or Sleep Disordered Breathing/Apnea.

Patient Information:

Name: _____

Address: _____

Phone: _____

Referred by:

Name: _____

Phone: _____

Date: _____ Fax: _____

___ Exam ___ 2nd Opinion ___ Send Report ___ Call Me



TMJ & Sleep Therapy Centre of Oklahoma City

Dr. Gary B. Dempsey, DDS

4300 N. Meridian Ave. ♦
Oklahoma City, OK 73112
Phone: 405-947-0044 ♦ Fax: 405-942-6529

www.dempseydental.com

Instructions:

1. Mail or fax a copy to:
TMJ & Sleep Therapy Centre
2. Give a copy to the patient
3. Keep a copy for your files