TED C. JOHNSON, D.M.D.
KATHERINE JOHNSON, D.D.S.

Temporomandibular Joint Disorder Referral Slip

4855 Ward Road, Suite 700 • Wheat Ridge, CO 80033
p. 303.422.8748 • f. 303.425.5720

JOHNSON DENTAL

Date of Referral: _____

Referring Doctor: _____

Introducing: _____

Remarks: _____

_____

_____

Treatment Plan: _____

_____

_____

_____

Appointment Date: _____

Time: _____

Signed by: _____

Check those that apply:

- ❑ Headache/Migraines
- ❑ Neck Pain
- ❑ Shoulder Pain
- ❑ Back Pain (upper)
- ❑ Facial Muscle Pain
- ❑ Pain Behind Eyes
- ❑ Throat Pain
- ❑ Ear Ache
- ❑ Tinnitus
- ❑ Vertigo
- ❑ Open Mandibular Lock
- ❑ Closed Mandibular Lock
- ❑ TM Joint, Click/Pop
- ❑ Unable to Close Posterior Teeth Together
- ❑ Tooth Fracture
- ❑ Difficulty Chewing / Moving Jaw
- ❑ Limited Opening
- ❑ Aware of Clenching/Grinding
- ❑ Wear Though Enamel/ Flattened Teeth
- ❑ Tooth Pain

Other: _____

_____

_____