

**TED C. JOHNSON, D.M.D.**

www.johnsondentalcolorado.com

4855 Ward Road, Suite 700 • Wheat Ridge, CO 80033

p. 303.422.8748

info@johnsondentalco.com



**JOHNSON  
DENTAL**

Date of Referral: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Introducing: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete Resorative as Needed:

Yes    No    Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Teeth
  - Worn Teeth / Fracture
  - Difficulty Chewing
  - Limited Opening
  - Aware of Clenching/Grinding
  - Tooth Pain
  - Sleep Difficulty
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_