

Ortho/TMJ/Sleep Dentistry Referral Form

DR. RONDEAU & ASSOCIATES

TMJ, Orthodontics, Snoring, Sleep Apnea 1295 Highbury Ave.

London, Ontario N5Y 5L3 519-455-4110

www.ortho-tmi.com

Dr. Brock Rondeau, D.D.S.,I.B.O., D.A.B.C.P. General Dentist

Dr. Date

Address Phone

Patient Res. Phone

Address Bus. Phone

Date of Birth

Patient's Chief Complaint

Clenching

Please check off possible TMJ signs and symptoms

Headaches Grinds teeth at night **Neckaches** Limited jaw opening Clicking or jaw locking Dizziness EarPain Chronic fatique Ringing in the ears Fainting Shoulder or back pain

Please check off possible sleep related signs and symptoms

Snoring **Daytime Sleepiness** Morning Headaches Elevated blood pressure

Intolerance to CPAP Sleep Apnea

Grinds teeth at night Gastroesophageal Reflux

Overnight sleep study Yes Nο Date

Check off Possible Ortho: Crossbite

Previous Ortho

Phase 1

Medical History

Patient Status Urgent Not Urgent