

## TMJ & SLEEP WELLNESS REFERRAL FORM

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**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**Referring Doctor Name:** \_\_\_\_\_

**Referring Doctor Phone Number:** \_\_\_\_\_

**Referring Doctor Email:** \_\_\_\_\_

### Reason for Referral:

- Evaluation for TMJ Disorder                       Evaluation for Sleep Disorder                       Both TMJ & Sleep Complaints  
 Fabrication of sleep appliance due to snoring or CPAP intolerance

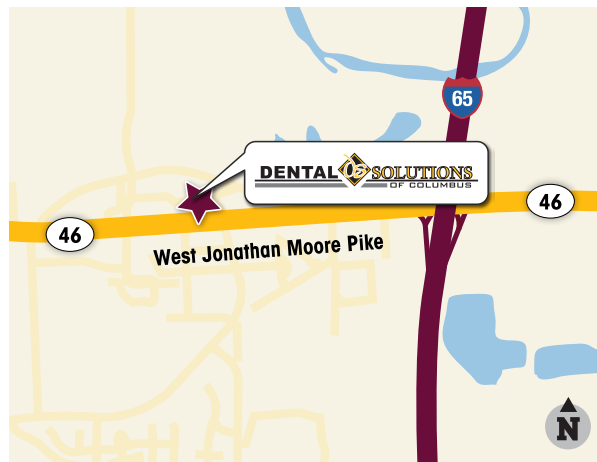
### TMJ Symptoms:

- Headaches or Migraines                       Pain in Teeth that Migrates                       Tinnitus (Ringing in Ears)  
 Jaw Pain                       Neck, Shoulder, or Back Pain                       Subjective Hearing Loss  
 Clicking or Popping of Jaw                       Ear Pain                       Sinus Pain or Pressure  
 Facial Pain                       Congestion or Stuffiness of the Ears                       Vertigo (Dizziness)

### Sleep Symptoms:

- Snoring                       Morning Headaches                       Reported Gasping at Night  
 Restless Sleep                       Anxiety                       Diagnosed Sleep Apnea  
 Constantly Tired                       High Blood Pressure                       CPAP Intolerant

Has the patient had a sleep study?     Yes     No



*Next to Papa's Grill,  
Chicago's Pizza, & the  
New Start Health Center  
in the Shoppes at  
River Bend on 46 West*

*Thank you for  
trusting your patient  
to our care!*