

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: _____

Email: _____

Phone: _____

Referred by:

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Exam 2nd Opinion Send Report Call Me



TMJ & Sleep Therapy Centre of Raleigh-Durham

Charles Ferzli, DDS
DABCP, DABCDMSM, FAACP

1150 NW Maynard Road. #140
Cary, NC 27591
Phone: 919.323.4242

www.RaleighTMandSleep.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