

# TMJ & OROFACIAL PAIN TREATMENT CENTERS OF WISCONSIN

It is very important to keep your doctors informed of your care. We would like to forward a copy of our report to them.

**Please initial beside each doctor's name to allow us to send a report.**

1. Referring Doctor: \_\_\_\_\_ initial here to allow a  
 Office name / Address: \_\_\_\_\_ report to be sent to this doctor  
 Phone: \_\_\_\_\_
2. Primary Doctor: \_\_\_\_\_ initial here to allow a  
 Office name / Address: \_\_\_\_\_ report to be sent to this doctor  
 Phone: \_\_\_\_\_
3. Primary Dentist: \_\_\_\_\_ initial here to allow a  
 Office name / Address: \_\_\_\_\_ report to be sent to this doctor  
 Phone: \_\_\_\_\_
4. Other Provider you are in care with: \_\_\_\_\_ initial here to allow a  
 Office name / Address: \_\_\_\_\_ report to be sent to this doctor  
 Phone: \_\_\_\_\_
5. Other Provider you are in care with: \_\_\_\_\_ initial here to allow a  
 Office name / Address: \_\_\_\_\_ report to be sent to this doctor  
 Phone: \_\_\_\_\_
6. Any other Physicians, Dentists, Chiropractors, Therapists or locations you would like a copy of a report sent to:  
 Office name / Address: \_\_\_\_\_ initial here to allow a  
 \_\_\_\_\_ report to be sent to this person  
 Phone: \_\_\_\_\_

**How did you hear about us?**

Friend/Family Member: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

<input type="checkbox"/>	Doctor listed in #1 above	<input type="checkbox"/>	One of our office staff/employees *
<input type="checkbox"/>	Insurance book	<input type="checkbox"/>	Sign
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Magazine
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Television
<input type="checkbox"/>	Healthwise publication	<input type="checkbox"/>	Coupon
<input type="checkbox"/>	Yellow pages	<input type="checkbox"/>	
<input type="checkbox"/>	Web / Internet	<input type="checkbox"/>	

Other: \_\_\_\_\_

\*Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

T-003 DS BW QP

Office Use Only:      Initials \_\_\_\_\_      Location \_\_\_\_\_      Account# \_\_\_\_\_      Scanned \_\_\_\_\_