Dr. Eric Grin, DDS, MS, APC
Dr. Paul Grin, DDS, MPH, APC

South Bay TMJ, Sleep, Headache & Orofacial Pain Institute

Diplomate of American Board of Orofacial Pain
Fellow of American Academy of Orofacial Pain
3475 Torrance Blvd. Suite. H | Torrance, CA 90503
P: 310.933.3077 | F: 310.982.2597
info@southbaytmj.com | www.southbaytmj.com

Patient Referral Form

Thank you for trusting us with the care of your patients.

Name: ______________________________

Date: ______________ Date of Birth: ______________

Patients Ph #: ______________ Cell #: ______________

Email: ______________________________

Patient's chief complaint, reason for referral: ______________________________

____

Preliminary Assessment

Please check all that apply:

- ☐ Atypical Toothache
- ☐ Bruxism, Teeth Clenching
- ☐ Changes in Bite/Occlusion
- ☐ Facial Pain
- ☐ Intra-oral Pain
- ☐ Burning Mouth Syndrome
- ☐ PRP and Prolotherapy
- ☐ Chronic Head & Neck Pain
- ☐ Muscle Spasm, Strain, Trigger Points
- ☐ Obstructive Sleep Apnea
- ☐ Snoring
- ☐ Oral Pathology and Biopsy
- ☐ Headaches
- ☐ TMJ Pain / TMJ Noise
- ☐ Parasthesia, Dysesthesia Pain
- ☐ Locking Jaw
- ☐ Limited Opening
- ☐ Post Trauma Pain

Other: ______________________________

I am specifically concerned about the following condition(s): ______________________________

____

____

Referring Doctor's Name & Specialty   Phone #   Fax #   Email

____
Doctor's Signature

Please forward consultation request to: FAX: (310) 982-2597 or EMAIL: drgrin@southbaytmj.com