



COLUMBIA  
REGIONAL  
CENTER *for*  
TMJ & OROFACIAL  
PAIN

PATIENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

I AM REFERRING PATIENT FOR THE FOLLOWING SYMPTOMS  
(PLEASE CHECK ALL THAT APPLY):

- |   |   |
|---|---|
| <input type="checkbox"/> TMJ PAIN                     | <input type="checkbox"/> FACIAL PAIN                |
| <input type="checkbox"/> TMJ NOISE (CLICKING/POPPING) | <input type="checkbox"/> INTRA-ORAL PAIN            |
| <input type="checkbox"/> LOCKING JAW (OPEN/CLOSED)    | <input type="checkbox"/> UNEXPLAINED TOOTH PAIN     |
| <input type="checkbox"/> LIMITED OPENING              | <input type="checkbox"/> CHANGES IN BITE/OCCCLUSION |
| <input type="checkbox"/> HEADACHES                    | <input type="checkbox"/> OBSTRUCTIVE SLEEP APNEA    |
| <input type="checkbox"/> CHRONIC HEAD/NECK PAIN       | <input type="checkbox"/> SNORING                    |
| <input type="checkbox"/> EARACHES                     | <input type="checkbox"/> OTHER                      |

I AM SPECIFICALLY CONCERNED ABOUT THE FOLLOWING CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(NAME OF REFERRING DOCTOR)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PHONE)

- (509) 578-5770
- (509) 578-5774
- DRBLOXHAM@COLUMBIATMJANDPAIN.COM
- COLUMBIATMJANDPAIN.COM

JARED BLOXHAM DDS

1363 COLUMBIA PARK TRAIL

SUITE 101

RICHLAND, WA 99352



COLUMBIA  
REGIONAL  
CENTER *for*  
TMJ & OROFACIAL  
PAIN

## LOCATION MAP



- ☎ (509) 578-5770
- 📄 (509) 578-5774
- ✉ DRBLOXHAM@COLUMBIATMJANDPAIN.COM
- 🌐 COLUMBIATMJANDPAIN.COM

JARED BLOXHAM DDS

1363 COLUMBIA PARK TRAIL  
SUITE 101  
RICHLAND, WA 99352