



COLUMBIA CENTER *for* SLEEP APNEA & TMJ

PATIENT'S NAME: _____

DATE OF BIRTH: _____

CONTACT PHONE: _____

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

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

I AM SPECIFICALLY CONCERNED ABOUT THE FOLLOWING CONDITIONS:

(NAME OF REFERRING DOCTOR)

(SIGNATURE)

(PHONE)

JARED BLOXHAM DDS MS

PHONE: (509) 578-5770

FAX: (509) 578-5774

INFO@COLUMBIATMJANDPAIN.COM

COLUMBIATMJANDPAIN.COM

1363 COLUMBIA PARK TRAIL

SUITE 101

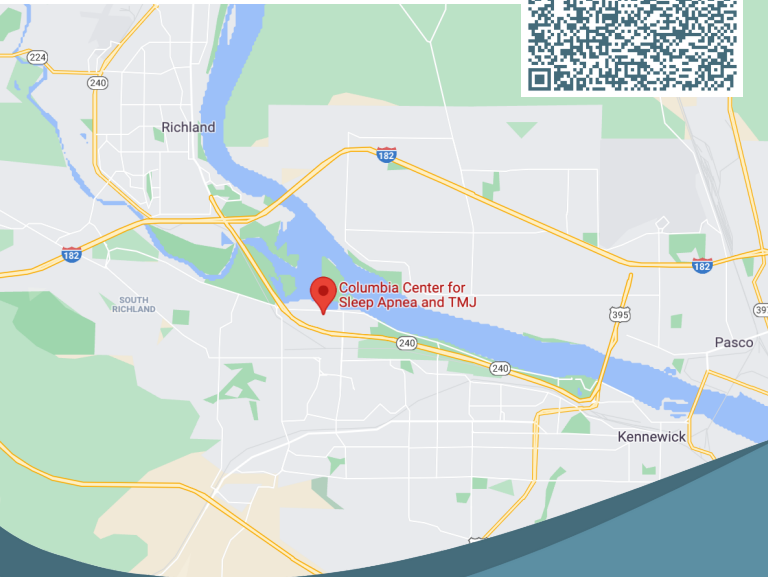
RICHLAND, WA 99352



COLUMBIA CENTER *for* SLEEP APNEA & TMJ

LOCATION MAP

SCAN THE QR CODE FOR DIRECTIONS



PHONE: (509) 578-5770
FAX: (509) 578-5774
INFO@COLUMBIATMJANDPAIN.COM
COLUMBIATMJANDPAIN.COM

JARED BLOXHAM DDS MS

1363 COLUMBIA PARK TRAIL
SUITE 101
RICHLAND, WA 99352