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Date _____

Patient Name _____ DOB _____

Phone number _____ Email _____

Referring Doctor _____

Phone _____ Email _____

Sending: PA PANO CBCT Chart

Referred for:

- TMJ Disorder
- Oral Mucosal Diseases or Lesions
- Burning Mouth Pain
- Trigeminal Neuropathic pain or Trigeminal Neuralgia
- Xerostomia, Sjögren's syndrome
- Oral appliance for sleep apnea
- Other

Comments/Remarks:
