

# Patient Referral

## Patient Information

Patient Name:

Date of Birth:

Contact Number:

Clinical details related to referral:

## Service you are referring to us for :

Unsure? We suggest referral to TMJ Therapy as a starting point in order to settle down symptoms and improve mechanics of the TMJ & Cervical Spine prior to occlusal splint therapy (which isn't always necessary). Patients will always be sent back to their **referring Dental Professionals** if splint therapy is suggested. **We only include our team TMJ / Sleep Dentists in patient management at the request of referring Dental Professionals.** However, If you are happy for us to include our Dental Team for opinion / management if required, without contacting you then please ALSO indicate that in the last option below, in addition to the service you are referring for.

TMJ Therapy (Physio / Osteo) to treat TMD and associated symptoms

TMJ Dental Assessment and Occlusal Splint Therapy

Dental Sleep Medicine assessment for suspect sleep apnoea

Home Sleep Study to investigate potential sleep apnoea

Muscle Relaxant Injection Therapy (MRIT) with Botulinum for pain / bruxism

Orofacial Myofunctional Therapy (OMT) - offered via video based consult

Additionally, I am happy for my patient to get a TMJ / Sleep Dental Opinion and/or management if indicated

## Referrer Details:

Name:

Clinic Name & Address:

Provider Number:

### Melbourne TMJ & Facial Pain Centre

203 Balaclava Rd, Caulfield North, 3161

03 98248868

[www.melbournetmjcentre.com.au](http://www.melbournetmjcentre.com.au)

Referral forms emailed to [info@melbournetmjcentre.com.au](mailto:info@melbournetmjcentre.com.au)

**Note: Don't confuse us with other similar sounding clinic names**

