



**Ottawa TMJ & Sleep
Apnea Clinic**

GENERAL DENTISTRY LIMITED TO TMJ & SLEEP APNEA MANAGEMENT

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Referral Form to Dr. Dahan

Patient Name

Phone Number

Patient Email Address

Referring Doctor

Phone Number

REASON FOR REFERRAL

Temporomandibular Disorder
Headache/Migraine
Sleep Apnea/Snoring
Bruxism
Botox

PANOREX

Will email
Please take one

COMMENTS

Doctor's Signature

Date