



GENERAL DENTISTRY LIMITED TO TMJ & SLEEP APNEA MANAGEMENT

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ottawatmjclinic.com
info@ottawatmjclinic.com

Requested Doctor Dr. Dahan Dr. Khan First Available

PATIENT INFORMATION

Patient Name _____

Print clearly first and last name

Phone Number _____

Patient Email Address _____

REQUESTING DOCTOR

Referring Doctor _____

Print clearly first and last name

Clinic Name _____ Phone Number _____

Clinic Email Address _____

REASON FOR REFERRAL:

- Temporomandibular Disorder
- Headache/Migraine
- Mandibular Advancement Device (Dental Sleep Apnea/Snoring Appliance)
- Bruxism
- Botox

COMMENTS

Panoramic Radiograph: *needs to be recent (3 years or less)*

- Please take one
- Included in this Email with date

To ensure no delays, please fill out completely with supporting documentation attached.

SERVICE IS NOT COVERED UNDER OHIP

Doctor's Signature _____ Date _____