4005 SPICEWOOD SPRINGS ROAD
SUITE C500
AUSTIN, TEXAS 78759

512 Smiles

REFERRAL FORM

DR. PRIYA MEGHPARA

DR. MARK PEPPARD

Referring Doctor _____

Office Number _____

Patient Name _____

Date of Birth _____

Referring Office _____

Office E-Mail _____

Phone Number _____

Reason For Referral _____

Please evaluate for:

- ☐ TMJ Pain
- ☐ Difficulty Opening/Closing
- ☐ Muscle Soreness
- ☐ Generalized Head & Neck Pain
- ☐ Bruxism
- ☐ Clicking/Popping
- ☐ Comprehensive Care
- ☐ Regular Dental Care

Patient Has:

- ☐ Had TMJ Surgery
- ☐ Had Full Dental Reconstruction
- ☐ Nightguard or Splint
- ☐ Had Jaw or Facial Surgery
- ☐ Had MRI of TMJ
- ☐ Had Other Imaging
- ☐ Had Treatment for Sleep Apnea

Please provide any additional information you feel is pertinent:

_____

_____

_____

_____

- ☐ Consultation Only
- ☐ Consultation and TMJ Treatment Only
- ☐ Consultation and Comprehensive Care

Signature _____

Email: office@512smiles.com

Fax: (512) 717-3213