

COLORADO TMJ AND FACIAL PAIN

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Diplomate, American Board of Orofacial Pain

Evaluation • Diagnosis • Non-Surgical TMJ & Facial Pain Care

Patient Information

Date: ____ / ____ / ____

Full Name: _____

DOB: _____

Phone: _____

Email: _____

Referring Provider

Provider Name: _____

Office Name: _____

Phone: _____

Email: _____

Reason for Referral

Evaluate For (Check all that apply)

- TMJ Disorders** (TMJ Pain, Limited Mouth Opening, Locked Jaw)
- Facial Pain** (Myofascial Pain, Neuralgia, Neuropathic Pain)
- Headaches** (Migraine, Tension-Type Headache, Trigeminal Autonomic Cephalgia)
- Orofacial Pain Management** (Trigger Point Injection, Botox Injection, Cervical/Neck Pain)
- Sleep Disorders** (Home Sleep Test, Oral Sleep Appliance)
- Other:** _____

Additional Notes

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720-222-5134