

THE CRANIOFACIAL AND TMJ INSTITUTE



Referral

Name: Date of Birth:

Phone Number:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> TMJ/TMD | <input type="checkbox"/> Change in bite | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Facial Pain | <input type="checkbox"/> Jaw Misaligned | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Jaw Locking | <input type="checkbox"/> Clenching/Grinding/BruXism | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Jaw Clicking/Popping | <input type="checkbox"/> Ear Stiffness or Fullness | |

Other:

The Craniofacial and TMJ Institute is a Direct Care Physical Therapy provider specializing in Temporomandibular dysfunction, Headaches, and Facial pain. We utilize a comprehensive holistic approach combining the latest treatment techniques to allow us to reduce and eliminate pain in the fastest way possible.

Diagnoses we treat:

- | | | |
|--------------------------------------|-------------------------------|----------------------|
| -Temporomandibular Joint Dysfunction | -Whiplash Associated Disorder | -Occipital Neuralgia |
| -Migraines | -Cervicogenic Headaches | -Cervical Dystonia |
| -Tension Type Headaches | -Trigeminal Neuralgia | -Ear Pain/Fullness |
| -Neck Pain | -Atypical Facial Neuralgia | -Tinnitus |

The Craniofacial and TMJ Institute is an out of network provider that focuses on a true personal relationship with our patients. We **do not accept nor bill any insurance company**. Our prices are all inclusive and transparent. This has allowed us to return to a pure doctor-patient relationship without any red tape. We utilize the best interventions to reduce your pain in as little time as possible.

502-771-1774

Please call our office to schedule an appointment. If we are unable to answer please leave your name and number and we will return your call. You can also visit our website to read more about our services and office at: **thecraniofacialinstitute.com**

13291 O'Bannon Station Way
Louisville KY, 40223

Referring DMD/MD Information:

Name: Office:
Phone: Email: