

Member American Academy of Oro Facial Pain  
Member International Association of the Study of Pain  
Advanced Training in Dental Sleep Medicine

Patient' Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient' Phone: \_\_\_\_\_ Patient' email: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

**TMD CONSULTATION**

**& TREATMENT:**

- ☐ TMJ / Face Pain
- ☐ TMJ clicking / Sounds
- ☐ Clenching / Grinding
- ☐ Neuropathic Pain
- ☐ Head / Neck pain
- ☐ Headaches / Migraine
- ☐ Ear (Tinnitus)/ Eye pain
- ☐ Limited Range of Motion
- ☐ History of Trauma
- ☐ Trigger Point Injections
- ☐ Dry Needling Technique
- ☐ Botox Application

Other: \_\_\_\_\_

**ORAL MEDICINE**

**CONSULTATION & TREATMENT:**

- ☐ Consultation / Eval. Oral Lessons
- ☐ Consultation for Biopsy
- ☐ Oral Complications of Cancer
- ☐ Medical Compromised Patient
- ☐ Sedation

Other \_\_\_\_\_

**SLEEP CONSULTATION:**

- ☐ Sleep Evaluation
- ☐ Oral Sleep Appliance (OSA)

Other: \_\_\_\_\_

☐ Current Radiographs / PANO/ MRI attached. Date: \_\_\_\_\_

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