

# the TMJ doc

**PRIYA MISTRY DDS**

**TMJ & WHOLE BODY CONNECTIONS**

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**Refer your patients with confidence for the following conditions:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Myofascial Pain    | <input type="checkbox"/> Jaw Joint Noises           | <input type="checkbox"/> Pain when Chewing            |
| <input type="checkbox"/> Headaches          | <input type="checkbox"/> Neck Pain                  | <input type="checkbox"/> Shoulder Pain                |
| <input type="checkbox"/> Migraines          | <input type="checkbox"/> Jaw Pain                   | <input type="checkbox"/> Ear Pain / Stuffy Ears       |
| <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Limited Mouth Opening      | <input type="checkbox"/> Visual Disturbances          |
| <input type="checkbox"/> Fatigue/ Brain Fog | <input type="checkbox"/> Sleep Orthotic / Appliance | <input type="checkbox"/> Motor Vehicle Accident Cases |

**Introducing (First and Last name):**

**Phone Number to best contact them:**

**Email:**

**Referring Doctor:**

**Referring Office:**

**Phone Number:**

**Additional Notes:**

**Please include your patients Phone Number if you would like us to contact them**

Fax: (503) 252-1214 or Email to: [patientcare@tmjdentaldoc.com](mailto:patientcare@tmjdentaldoc.com)

Thank you!