Centre for
Dental Health
TMD - Orthodontics - Sleep

CENTRE FOR DENTAL HEALTH
247 Simcoe Street North, Suite 202
OSHAWA, ONTARIO L1G 4T3
www.centrefordentalhealth.com
905-728-1081

TMD
(Temperomandibular disorder)

- Bite related headaches
- Joint pain
- Facial pain
- Clenching
- Clicking

ORTHODONTICS

- Braces for children & adults
- Creating healthy smiles
- Straight teeth, healthy jaw joint and broad smiles

SLEEP

- Oral appliances for qualifying obstructive sleep apnea patients
- Snoring

REFERRAL FORM

CENTRE FOR DENTAL HEALTH

247 Simcoe Street North, Suite 202, OSHAWA, Ontario L1G 4T3
Phone: 905-728-1081; Fax: 905-728-5139 e-mail:info@centrefordentalhealth.com

❑ TMD ❑ ORTHODONTICS ❑ SLEEP

Dr._____ Date_____

Address_____ Phone_____

_____

Patient_____

Address_____

Res. Phone_____

Bus. Phone_____

Date of Birth_____
Day/Month/Year

Patient's Chief Complaint_____

Please check off possible TMD signs and symptoms:

❑ Headaches	❑ Neck Aches	❑ Dizziness	❑ Ear pain
❑ Fainting	❑ Clenching	❑ Grinds teeth at night	❑ Limited jaw opening
❑ Clicking or locking jaw	❑ Chronic fatigue	❑ Ringing in the ears	❑ Shoulder or back pain

Medical History:_____

_____

Additional Comments:_____

_____

Please call this patient to set up an appointment ❑
This patient will call your office to set up an appointment ❑
Patient Status: ❑ Urgent ❑ Not Urgent
More referral slips needed ❑

DR. ALDOR LAUR, D.D.S
Orthodontics/TMD/Sleep
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Phone: (905) 728-1081
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E-mail: info@centrefordentalhealth.com

APPOINTMENT

For: _____ **Date:** _____ **Time:** _____

If you are unable to keep your appointment, please contact us at the latest 2 business days prior to your scheduled time.