



Call (757) 467-8181 to make an appointment: FAX: (800) 379-8455

Email: info@schrumpfdds.com Website: schrumpfdds.com

Our Address: 1300 Kempsville Rd. Suite 1 Virginia Beach, VA 23464

Introducing: _____

Appointment Date & Time: _____ @ _____ AM, PM

Patient Referral Form

Please Bring This Form To Your Appointment

Date: _____ Referring Doctor: _____ Phone Number: _____

This patient is being referred for evaluation for the following symptoms:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Clicking or grating sounds in the jaw joint <input type="checkbox"/> Congestion or stuffiness of the ears <input type="checkbox"/> Cracking, chipping or breaking of dental restorations <input type="checkbox"/> Facial Pain <input type="checkbox"/> Limited movement or locking jaw <input type="checkbox"/> Worn, chipped or cracked teeth | <ul style="list-style-type: none"> <input type="checkbox"/> Neck, shoulder or back pain <input type="checkbox"/> Numbness in fingers or arms <input type="checkbox"/> Pain in teeth that migrates <input type="checkbox"/> Pain or soreness around the jaw joints <input type="checkbox"/> Unexplained loose teeth <input type="checkbox"/> Other: _____ |
|--|--|

The patient has experienced the following symptoms:

- Dental Extractions
- Facial Trauma
- Orthodontic Treatment
- Vehicular accident or trauma
- Whiplash
- Other: _____

Please Call Me Before Proceeding With Treatment

I Have Sent Radiographs For Your Evaluation

Schrumpf & Herman Family Dentistry 1300 Kempsville Rd. Suite 1 Tel: (757) 467-8181 Hours Open 7:30am - 5:00pm Monday
**An Atlantic Dental Care Office*