

# FAX REFERRAL FORM

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TMJ Disorders  
Head & Facial Pain  
Sleep Apnea & Snoring

Jamison R. Spencer, D.M.D., M.S.

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Date \_\_\_\_\_

Referred by \_\_\_\_\_

Introducing \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

- Referred for Sleep Appliance
- Referred for Craniofacial Pain/TMD

Reason & Prior treatment:

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