



OAK OPENINGS DENTAL

Temporomandibular (TMJ) and Occlusal Disorders
i-CAT Dental 3-D Volumetric CAT Scan
Virtual Implant Placement Diagnostics

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General Dentistry, Orofacial Pain, and Dental Implantology

*Board Certified in Orofacial Pain

Patient Name: _____ D.O.B: _____

Appointment Date: _____ Time: _____

Diagnosis: _____ ICD-10-CM-Code: _____

Reason For Referral

Orofacial Pain / TMD Referral

Dental Sleep Disorder Evaluation / Sleep Bruxism

Occlusal Disorder

Independent Medical Evaluation

Implant and Restorative Evaluation

Botox

Nerve Blocks

Trigger Point Injections

Prolotherapy

Cardiopulmonary Coupling sleep
fragmentation score (Sleep Image®)

PRP

Cone Beam Imaging:

(circle one) TMJ, Implant, Pathology, Airway, Sinus, Full Scan Data Disc

Area or Site of Interest: _____

Implant Scan: Tooth Area Number: _____ Maxilla Mandible

Inferior Alveolar Nerve Plan Scan Guide (D.D.S. to Provide)

TMJ Open / Closed

Additional Views Requested: _____

Airway Retruded Airway Protruded to _____mm

Image Format Request: Disc with Viewer PDF and jpegs e-mailed Laser Print Paper Copy
 Dicom Disc

Email images to: _____ @ _____

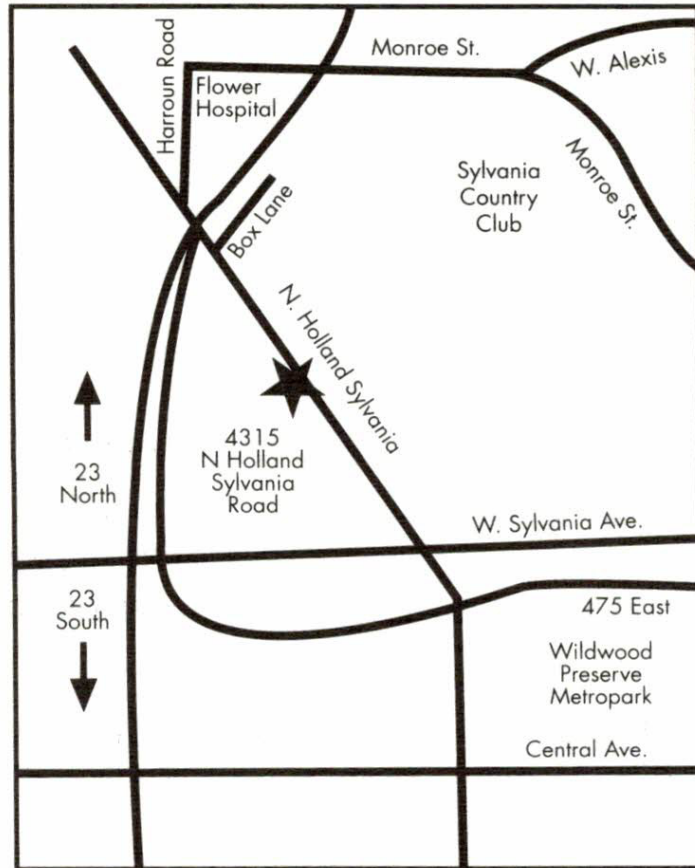
Request a report from Dental Radiologist (Additional Fee)

This office is not responsible for any radiological reports

Additional Information or Comment: _____

Referring Doctor: _____ Date: _____
(Signature)

Print Name: _____



Kindly give 48 hours advanced notice for cancellations

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www.OakOpeningsDental.com