AZ Sleep & TMJ Solutions

Sara Vizcarra, DDS, DABCDSM, DABCP
Diplomate, American Board of Craniofacial Dental Sleep Medicine
Dipomate, American Board of Craniofacial Pain

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please Evaluate & Treat: (check one or both)

☐ **Sleep Apnea** ☐ **TMJ**

Patient Has:

- ○ Obstructive Sleep Apnea
- ○ Frequent/Heavy Snoring
- ○ Excessive Daytime Sleepiness/Fatigue
- ○ CPAP Intolerant
- ○ Repeated Awakening During Sleep

Patient Has:

- ○ TMJ Pain
- ○ Headache
- ○ Neck, Shoulder or Back Pain or Facial Pain
- ○ Grinding and/or Clicking
- ○ Jaw Popping and/or Clicking
- ○ Jaw Movement Disorder
- ○ Ringing, or Stuffiness, or Pain in Ears

Please Treat:

- ○ CBCT of TMJ/Airway
- ○ Home Sleep Test
- ○ Oral Appliance Therapy or Mandibular Advance Device
- ○ Other _____

Referring Physician or Dentist: _____ Date: _____

Phone: _____ Email: _____

AZ Sleep & TMJ Solutions
10465 E. Pinnacle Peak Pkwy, Suite 103, Scottsdale AZ 85255
P: 480-515-6209 | F: 480-534-1460 | info@azsleepandtmj.com | www.azsleepandtmj.com