



Dr. Marc Worob and Dr. Elyse Barron

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PATIENT REFERRAL

Introducing: _____

Referring Doctor: _____

Referring Doctor Phone: _____

Date: _____

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Adult Symptoms and Concerns:

- ☐ Facial pain or trauma
- ☐ Limited movement or locking jaw
- ☐ Neck, shoulder or back pain
- ☐ Chronic fatigue
- ☐ Swallowing or speech concerns
- ☐ Persistent bad breath
- ☐ Tender, swollen or bleeding gums
- ☐ Unexplained loose tooth
- ☐ Worn, chipped or cracked teeth
- ☐ Planned and/or upcoming surgery
- ☐ Clenching/grinding
- ☐ Malrelated arches

Medical Conditions:

- ☐ Airway/Breathing issues
- ☐ Allergies, sinusitis
- ☐ Autoimmune disorders
- ☐ Cancer
- ☐ Diabetes
- ☐ Gastrointestinal problems
- ☐ Heart Disease
- ☐ Dementia/Alzheimer's
- ☐ OTHER: _____

Pediatric Symptoms and Concerns:

- ☐ Night sweats
- ☐ Snores
- ☐ Bed wetting
- ☐ Mouth breathing night terrors
- ☐ Restless
- ☐ Hyperactive crowded teeth
- ☐ Grinds teeth
- ☐ Irritable
- ☐ Speech
- ☐ Underdeveloped Maxilla
- ☐ Underdeveloped Mandible
- ☐ Tongue or lip tie
- ☐ OTHER: _____

Comments: _____
